MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

33486

File No. .....

Registered No. 335

1. PLACE OF DEATH

96 County St. Louis, Mo. Registration District No. 1123

Township Carondelet Primary Registration District No. 6248 B

City Veterans Administration Hospital, Jefferson Barracks, Mo. (No. ..... St. ..... Ward)

2. FULL NAME ROBERT F. LOVE

(a) Residence, No. Nimmons, Arkansas St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Un yrs kn mos. own ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nellie Love

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7, 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
40	40	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic. 63

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year) Abt. 3 years ago.

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown. Alabama. 2

FATHER

13. NAME Unavailable

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Unavailable 1

MOTHER

15. MAIDEN NAME Unavailable

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable

17. INFORMANT (ADDRESS) C. H. SMITH, M.D., Clinical Director Vet. Adm. Hosp. Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Piggot Arkansas DATE Oct 13 1932

19. UNDERTAKER (ADDRESS) O. Hoffmeister N. L. Co. 7814 So Broadway

20. FILED Oct 12, 1932 L. C. Obrock M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1932, to October 12, 1932

I last saw him alive on October 12, 1932. Death is said to have occurred on the date stated above, at 5:05 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic, far advanced, active C.	Unk.

23 A 23

Other contributory causes of importance:

None.

Name of operation None Date of

What test confirmed diagnosis? Clinical, physical, laboratory, and x-ray findings Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. C. GIBSON, M.D. Medical Chg., M. D.

(Address) Vet. Adm. Hosp. Jeff. Brks., Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 28 1932

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