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.

REC'D MAY 6 1938

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

Do not use this space

File No. 15908
Registered No. 736

1. PLACE OF DEATH

County: Saint Louis — Registration District No. 784
Township: Carondelet — Primary Registration District No. 20
City: ~~Jefferson Barracks~~ (No. Veterans Facility St. Ward)

2. FULL NAME George E. LOVELAND 145

(a) Residence, No. 2511 So. 2nd Street St., Ward. Saint Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. Unkn. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Viola Loveland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September 25, 1902

7. AGE: Years 35 — Months 6 — Days 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Electrician
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): -
11. Total time (years) spent in this occupation: -

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Topeka, Kansas

FATHER
13. NAME: Daniel Loveland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Topeka, Kansas

MOTHER
15. MAIDEN NAME: Pearl Edgerly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cincinnati, Ohio

17. INFORMANT: Clinical Mgr. Jefferson
(ADDRESS) Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: National Cem. DATE: April 26, 1938

19. UNDERTAKER: C. Hoffmeister U. & L. Co.
(ADDRESS) 7814 S. Broadway

20. FILED 4-25, 1938 T. R. Meyer M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 17, 1938 to April 23, 1938
I last saw him alive on April 23, 1938. Death is said to have occurred on the date stated above, at 5:10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, generalized.	Unkn.
Chronic Nephritis with retention of nitrogen and uremia (arteriosclerotic)	Unkn.
Other contributory causes of importance: Myocardial insufficiency, congestive type of cardiac failure with hypertrophy and dilatation; Anemia, symptomatic.	Unkn.

Name of operation: None Date of
What test confirmed diagnosis? Phy. clinical manif. and laboratory 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) C. W. HUGHES, Chief Med. Officer, M. D.
(Address) VAF Jefferson Barracks, Mo.