

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.

Registration District No. 3784

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County Saint Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm: 11-22-39
(Specify whether years, months or days)

In this community Unknown

3. (a) PRINT FULL NAME Jesse LOAGUE

3. (b) If veteran, name war World

3. (c) Social Security No. 200

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Opal 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased Sept. 18, 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>2</u>	<u>7</u>	hr. <u>-</u> min.

9. Birthplace Lebanon, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation CCC Camp

11. Industry or business -

MOTHER FATHER

12. Name Sam Loague

13. Birthplace Michigan
(City, town, or county) (State or foreign country)

14. Maiden name Mary Watson

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature C. W. Hughes, V.A.F.

(b) Address Jefferson Barracks, Missouri.

17. (a) BURIAL (b) Date thereof Nov. 27 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEBANON Mo

18. (a) Signature of funeral director C. HOFFMEISTER V.A.F.

(b) Address 2814 S BROADWAY

19. (a) NOV 27 1939 (b) C. W. Hughes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County -

(c) City or town Lebanon
(If outside city or town limits, write "RURAL")

(d) Street No. R. #2
(If rural, give location)

(e) If foreign born, how long in U. S. A. - years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25
year 1939 hour 5:05 minute AM M.

21. I hereby certify that I attended the deceased from November 22, 1939 to November 25, 1939
that I last saw him alive on November 25, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive and coronary arteriosclerotic heart disease with cardiac enlargement and marked myocardial insufficiency.

Due to -

Duration Unkn.

UNKN. PHYSICIAN

Underline the cause to which death should be charged statistically

Other conditions Nephritis, chronic, with uremia and moderate edema.

Major findings:
Of operations No operation

Of autopsy No autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) -

(b) Date of occurrence -

(c) Where did injury occur? -
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? -

While at work? -
(Specify type of place) (Date of injury)

23. Signature C. W. HUGHES, Chief Med. Officer
(M. D. or other)
Address VAF., Jefferson Bks., Mo. Date signed 11-25-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Linus C. Hellmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broad*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.