

STANDARD CERTIFICATE OF DEATH

10783

FILED MAR 16 1946  
Registration District No. 317

Primary Registration District No. 6076

State File No. \_\_\_\_\_

Registrar's No. 593

1. PLACE OF DEATH:

(a) County St. 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 Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 3/8/46  
In this community 46 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 110 North 12th Street  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LOVE, Robert B.

3. (b) If veteran, name war World I

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8  
year 1946 hour 4:45 minute P M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 29 1900  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3/8/46, 19, to 3/8/46, 19, and that death occurred on the date and hour stated above.

Immediate cause of death DIABETES MELLITUS

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations No Operation

Of autopsy No Autopsy

Duration UNK

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

8. AGE: Years 46 Months 1 Days 9 If less than one day hr. min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

10. Usual occupation Mechanic

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Robert E. Love

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

14. Maiden name Eva Pynington

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

16. (a) Informant Clin. Clerk Vet. Adm. Hospital

(b) Address Jefferson Barracks, Missouri

17. (a) Burial (b) Date thereof 3/11/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Desloge, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.,

19. (a) 3-11-46 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) NO

(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 [Signature] of injury \_\_\_\_\_

23. Signature L. E. STILWELL, M.D. (M. D. or other) 5/8/46  
Address Jefferson Barracks, Mo. Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

96  
6  
0

9695

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**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 *Henry M. Brammer*

Licensed Embalmer No. 4200

P. O. Address.....

**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, fact should be so stated above.**