

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25688**

FILED AUG 2 1949

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BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 10276		Registrar's No. 1577	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY St. Louis		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson Barracks, Mo.		a. STATE Illinois		b. COUNTY Saint Clair	
c. LENGTH OF STAY (in this place) 1 Day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East St. Louis		d. STREET ADDRESS (If rural, give location) 738a Collinsville		499 11 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Vet. Adm. Hospital				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) LOVE	b. (Middle) John	c. (Last) H.	Month July	Day 2	Year 1949	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Jan. 15, 1904		9. AGE (in years last birthday) 45	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Charolette, Tenn.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unavailable		13b. MOTHER'S MAIDEN NAME Unavailable		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 2/11/26- 10/21/33 Unknown		17. INFORMANT'S SIGNATURE OR NAME Eugene F. Nolan, Registrar			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) FATTY CIRRHOSIS OF LIVER		II. OTHER SIGNIFICANT CONDITIONS				Unknown	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Antecedent causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				5810	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from July 2, 1949 , to July 2, 1949 , that I last saw the deceased alive on July 2, 1949 , and that death occurred at 11:05 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE L.E. Stilwell, M.D. Chf. Prof. Services				23b. ADDRESS Vet. Adm. Hosp. Jeff. Bks. Mo.		23c. DATE SIGNED July 5 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 6-49	24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jeff. B rks. Mo.		
DATE REC'D BY LOCAL REG. 7-5-49		REGISTRAR'S SIGNATURE Hobart D. Dunke MD		25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister U&L Co. St. Louis, Mo.			

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed James C. Hoffmann

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.