

California, San Francisco Area Funeral Home Reco

CALL RECEIVED 2:30a M. 7/17/56 BY Smith HOW phone BOOK NO. 56 PAGE NO. 405

FROM Dr. Pischel PHONE WA-1-2519 WILL BE IN
FIRST CALL INFORMATION BY Smith, from C. ARRANGED BY Miller-Mayne MORT. OR RES.

HAVE WE SERVED THIS FAMILY PREVIOUSLY OR HOW DID YOU COME TO US? yes, many times
Elsie M/Z. Lovegrove, 2001 Lyon St., S.F. Calif.

wife

RELATIONSHIP

1. NAME OF DECEASED—FIRST NAME WALTER		2. MIDDLE NAME ROMAINE		3. LAST NAME LOVEGROVE		4. DATE OF BIRTH JULY 18, 1956			5. 2:00AM				
3. SEX Male		4. COLOR OR RACE White		5. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		6. DATE OF DEATH—MONTH, DAY, YEAR 86			7. 2a. HOUR 2				
8a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Dentist		8b. KIND OF BUSINESS OR INDUSTRY Dentistry		9. BIRTHPLACE (STATE OR FOREIGN COUNTRY) California		7. AGE (LAST BIRTHDAY) IF UNDER 1 YEAR MONTHS DAYS HOURS MINUTES			IF UNDER 24 HOURS				
11. NAME AND BIRTHPLACE OF FATHER George Lovegrove - New York				12. MAIDEN NAME AND BIRTHPLACE OF MOTHER Eleanor Post - New York				10. CITIZEN OF WHAT COUNTRY? USA			13. NAME OF SPOUSE (IF MARRIED) Elsie May Zeile Lovegrove		
14. WAS DECEASED EVER IN U. S. ARMED FORCES? NO				15. SOCIAL SECURITY NUMBER None				16. INFORMANT Elsie May Zeile Lovegrove			17c. LENGTH OF STAY IN THIS CITY OR TOWN Life		

17a. FULL NAME OF HOSPITAL OR INSTITUTION San Francisco		17b. CITY OR TOWN San Francisco		17c. ADDRESS (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS) 2001 Lyon Street		18. STREET OR RURAL ADDRESS (DO NOT USE P. O. BOX NUMBERS) 2001 Lyon Street	
18a. STATE Calif.		18b. COUNTY San Francisco		18c. CITY OR TOWN San Francisco		19. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM THE HOUR OF DEATH UNTIL I WAS RELIEVED BY ANOTHER PHYSICIAN. I SIGNIFY THAT I LAST SAW THE DECEASED ALIVE ON July 18, 1956	

19a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD STATED ABOVE ON THE REMAINS OF DECEASED AS REQUIRED BY LAW.		19b. DATE SIGNED July 18, 1956	
19c. SIGNATURE HERBERT N. JACOBS		19d. DATE SIGNED July 18, 1956	
20a. SPECIFY BURIAL CEMETERY OR REMOVAL Emetation		20b. CEMETERY OR CREMATORY Chapel of the Chimes, Oakland	
21. SIGNATURE OF EMBALMER (IF BODY EMBALMED) C.A. NICHOLSON		LICENSE NUMBER 3555	

22. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Bronchopneumonia		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4 days	
23. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE DUE TO (a) Debility due to cerebral arteriosclerosis OR COMPLICATIONS WHICH CAUSED DEATH. (b) STATING THE UNDERLYING CAUSE LAST. DUE TO (b)		24. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 mos.	

25. CONDITIONS CONTRIBUTING TO DEATH

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SAVE

WHICH CAUSED DEATH.		UNDERLYING CAUSE LAST.		DUE TO (id)		ONSET AND DEATH	
25. CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		Carcinoma of the urinary bladder		2 yrs 4		28. AUTOPSY. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
27A. DATE OF OPERATION		27B. MAJOR FINDINGS OF OPERATION					
25A. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		29A. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BUILDING)		29C. LOCATION CITY OR TOWN COUNTY STATE			
25B. TIME OF INJURY MONTH DAY YEAR HOUR M.		29B. INJURY OCCURRED <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK		29D. HOW DID INJURY OCCUR			

~~HUSBAND OR WIFE OF~~ Dr. Walter Romaine Lovegrove, beloved husband of Elsie Zeile Lovegrove
~~FATHER OR MOTHER OF~~ Mrs. Dohrmann K. Fischel, devoted grandfather of Dohrmann K. Fischell Jr., Mrs. Wm. P. McAndrew and Mrs. Ivan Heisler
 A native of California
~~SON OR DAUGHTER OF~~ Aged 86 years.
~~BROTHER OR SISTER OF~~

STRICTLY PRIVATE, CASKET CLOSED

MEMBER OF

DATE OF FUNERAL Thurs. July 19, 1956
 FUNERAL FROM Drawing Room
 OFFICIATING Dr. John Hayes Creighton
 SHIP TO OR FROM
 ACCOMPANYING PASSENGER
 NOTIFY

HOUR 4pm
 AUSPICES OF
 ADDRESS
 ADDRESS

WEIGHT --
 LENGTH
 WIDTH
 DEPTH
 HAIR
 EYES
 MARKS

Funeral and interment strictly private.
 (cremated remains to be forwarded to Woodlawn Memorial Park)