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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. St. Anthony Hospital ..... St. ..... Ward)

File No. 19142

Registered No. 5566

2. FULL NAME Eugene Henry Lever

(a) Residence. No. 3145 Morganford Rd. St., 16 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

3

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: Botilda Lever

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 10th, 1890

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
38	1	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: President

(b) General nature of industry, business, or establishment in which employed (or employer): Guarantee Service Corp.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri

PARENTS

10. NAME OF FATHER: John Lever

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Illinois

12. MAIDEN NAME OF MOTHER: Anna Honecker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Illinois

14. INFORMANT: Botilda Lever
(Address) 3145 Morganford

15. FILED MAY 22 1928 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 21st, 1928

17. I HEREBY CERTIFY, That I attended deceased from May 18th, 1928, to May 21st 1928 that I last saw him alive on May 20th, 1928, and that death occurred, on the date stated above, at 1:15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 121 B 121 B

Acute Ruptured Gangrenous appendicitis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY): General diffuse appendicitis (duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 3145 Morganford

DID AN OPERATION PRECEDE DEATH? Yes DATE OF May 19th 1928

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Operation

(Signed) H. S. McKay M. D.

5/22, 1928 (Address) University Club Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Sunset Burial Park

DATE OF BURIAL: May 23, 1928

20. UNDERTAKER: Wacker-Helderle

ADDRESS: 2331 S. Bidney

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD