

Registration District No. 757

Primary Registration District No. 3036

1. PLACE OF DEATH:

(a) County St. Charles  
(b) City or town St. Charles  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Joseph Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles  
(c) City or town St. Charles  
(If outside city or town limit, write "RURAL")  
(d) Street No. 625 S. Main St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11  
year 1940 hour 2 minutes 10 A. M.

21. I hereby certify that I attended the deceased from October 2  
1940, to October 11, 1940;  
that I last saw him alive on October 11, 1940;  
and that death occurred on the date and hour stated above.  
Immediate cause of death: Lobar Pneumonia Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_

23. Signature Edmond S. Casper (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
23. Signature Edmond S. Casper (M. D. or other) \_\_\_\_\_  
Address 126 S. Main St. Charles, Mo. Date signed Oct. 12, 1940

3. (a) PRINT FULL NAME Eugene Charles Lewis

3. (b) If veteran, name war no 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased. August 8 1940  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 2 3 hr. min.

9. Birthplace St. Charles Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation none

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

MOTHER FATHER { 12. Name Eugene Lewis  
13. Birthplace Reynolds County  
(City, town, or county) (State or foreign country)  
14. Maiden name Virginia Miller  
15. Birthplace St. Charles Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene Lewis  
(b) Address 625 S. Main, St. Charles, Mo

17. (a) Burial (b) Date thereof Oct. 13, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Peter's Church, St. Charles, Mo.

18. (a) Signature of funeral director A. C. Dallenmyer & Sons  
(b) Address 800 N. Second, St. Charles, Mo

19. (a) 10-17-40 (b) Clarence S. Nease  
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE 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.....

*Joseph Landolt*

Registered Apprentice No. *243*

working under my personal supervision.

Signed *John C. Dallmeyer*

Licensed Embalmer No. *2951*

P. O. Address *St Charles Mo*

**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.**