No. 2
10-39
17-39
X2292

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43794

JAN 8 1941 Registration District No. 784

Primary Registration District No. 101

Registrar's No. 2402

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town _____ (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Louis County Hosp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital ~~Outside~~ Day & One half (Specify whether years, months or days)

In this community 1

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County _____

(c) City or town Wellsville (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME Floyd Lewton

3. (b) If veteran, name war NO

3. (c) Social Security No. 488-01-2521

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lena Lewton

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Mar (Month) 15 (Day) 1884 (Year)

8. AGE: Years 56 Months 9 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Rep. Oil Co.

11. Industry or business Oil Co.

MOTHER FATHER

12. Name Ezra Lewton

13. Birthplace Barry (City, town, or county) Ill (State or foreign country)

14. Maiden name Alice Hull

15. Birthplace Barry (City, town, or county) Ill (State or foreign country)

16. (a) Informant Alma Day

(b) Address Perry Mo.

17. (a) Burial (Burial, cremation or removal) (b) Date thereof 12/22/40 (Month) (Day) (Year)

(c) Place: burial or cremation Wellsville Mo.

18. (a) Signature of funeral director Wells Funeral Home

(b) Address Wellsville Mo.

19. (a) DEC 20 1940 (Date received local registrar) (b) R. Meyer MD Dep Reg (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17 year 1940 hour 11:50 minute P M.

21. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__; that I last saw h_____ alive on _____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Auto accident while operating own car on public highway. Collided with another auto

Due to Frac. skull; intracranial hemorrhage; frac. sternum; multiple fracs. of ribs.

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy Yes

Duration

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) Accident

(b) Date of occurrence Dec. 16, 1940

(c) Where did injury occur? Bonhomme Township (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? _____ (e) Means of injury Accident

23. Signature Louis H. Popp (M.D.) Coroner

Address Kirkwood Date signed 12/20/40

(Licensed Embalmer's Statement on Reverse Side)

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 John Ketter

Licensed Embalmer No. 3880

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.