

FILED JUN 16 1941

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

184264

Do not use this space.

## 1. PLACE OF DEATH

(a) County Miller Registration District No. 564  
 (b) Township Jim Heady Primary Registration District No. 5759A Registered No. 0  
 (c) City Eugene, Mo. R.R. (d) Street No. 1 St. Eugene, Mo. R.R.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

(a) Residence, No. John Lux Eugene, Mo. R.R. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 24, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 8 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Peddler  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN): (STATE OR COUNTRY) Germany

FATHER 13. NAME Albert Lux

14. BIRTHPLACE (CITY OR TOWN): (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Theresa Hobans

16. BIRTHPLACE (CITY OR TOWN): (STATE OR COUNTRY) Germany

17. INFORMANT Tom Lepper (ADDRESS) Eugene, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mary's Home DATE May 13, 1941

19. FUNERAL DIRECTOR (NAME) W. Scheel (ADDRESS) Eugene, Mo.

20. FILED May 12, 1941 L. M. Garner Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1941

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1941 to May 10, 1941

I last saw him alive on May 10, 1941. Death is said to have occurred on the date stated above, at 5:20 m.

The principal cause of death and related causes of importance were as follows:

Cancer of stomach

Other contributory causes of importance:

chronic nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? none Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Lynn M. Garner, M. D.

(Address) Columbia, Mo.

RECEIVED

Miller County Health Dep't.

County File Number

41-74

Date Filed

6/11/41

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**