

FILED NOV. 19 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

35914

State File No. \_\_\_\_\_

Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 191

1. PLACE OF DEATH:

(a) County St. Charles  
(b) City or town St. Charles City  
(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 Four days  
(Specify whether  
In this community Lifetime  
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 limits, write "RURAL")  
(d) Street No. 721 N. Seventh St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Eva Emaline Lutes

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

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

6. (b) Name of husband or wife Virgil Lutes 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased March 14 1905  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
36 7 21 hr. min.

9. Birthplace Green County, Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name John Outzey

13. Birthplace Unknown - Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Jennie Laughlan

15. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Virgil Lutes

(b) Address 721 N. Seventh, St. Charles, Mo

17. (a) Burial (b) Date thereof Oct 7 - 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem., St. Charles, Mo.

18. (a) Signature of funeral director H.C. Dillmeyer & Sons

(b) Address 900 N. Second, St. Charles, Mo

19. (a) 10-6-41 (b) Blairnee W. Nesler  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5  
year 1941 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from Sept 29  
1941 to Oct 5 1941;  
that I last saw her alive on Oct 5 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Septicæmia Sepsis Duration 4 days  
Due to Retained Placenta 7 days

Due to Child birth

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

Major findings: Of operations 14  
Of autopsy No

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) No.  
(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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
Co-While at work? (e) Means of injury \_\_\_\_\_  
23. Signature Raymond Hooper (M. D. or other) 0  
Address St. Charles, Mo. Date signed Oct 8, 1941

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

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

MOTHER FATHER

FEB 7 1944

**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 B Dallmeyer*

Licensed Embalmer No. *2957*

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, fact should be so stated above.**