

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 22 1942

Registration District No. 306

Primary Registration District No. 5424

Registrar's No. 3

1. PLACE OF DEATH:

(a) County GASCONADE

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

(c) Name of hospital or institution:
HERMAN ROUTE 1
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days) 7.5 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE

(c) City or town DRAKE 037
(If outside city or town limits, write "RURAL") 0

(d) Street No. HERMAN ROUTE 1 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME WILLIAM AUGUST LEWEKE

3. (b) If veteran, name war..... ✓ 3. (c) Social Security No. ✓

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, WIDOWED

6. (b) Name of husband or wife..... EMELIA RUEGG - LENA NEUMEYER 6. (c) Age of husband or wife if alive BOTH DEAD years

7. Birth date of deceased. MAY 19 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75 9 14hr.min.

9. Birthplace. DRAKE MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business.....

MOTHER FATHER { 12. Name WILLIAM LEWEKE

13. Birthplace 4 GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name LOUISE MEYER

15. Birthplace SENATE GROVE MO.
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. BERTHA JUDEMAN

(b) Address DRAKE MO.

17. (a) BURIAL (b) Date thereof MAR. 5 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ZOAR M.E. CEM. DRAKE MO.

18. (a) Signature of funeral director W. F. Hattenstrat

(b) Address Queensville Mo.

19. (a) 3-3-42 (b) John Engelbrecht
(Date received local registrar) (Registrar's signature) PA 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR. day 3
year 1942 hour 6 minute A.M.

21. I hereby certify that I attended the deceased from Mar. 2 - 1942 to Mar. 3 1942;
that I last saw him alive on Mar. 2 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage (Apoplexy) Duration

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 83a!

Major findings: Of operations.....

Of autopsy none

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?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature John Engelbrecht (Physician or D. or other)

Address Stony Hill Mo. Date signed 3/3

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

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

337
6
0

Transferred to Mrs. F. H. Meyer

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 Me
....., Registered Apprentice No.....
working under my personal supervision.

Signed Melford H. H. Winters
Licensed Embalmer No. 3838
P. O. Address Owensville 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.