

S. No. 2
DM-5-42
7-5-17-39
I X32873

18475

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 2 1943

Registration District No. 201

Primary Registration District No. 4376

Registrar's No. 11

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

70
1
0

1. PLACE OF DEATH:

(a) County Montgomery

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

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

(d) Length of stay: In hospital or institution I year (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

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

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

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

3. (a) PRINT FULL NAME Reubin E. Loux

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

7. Birth date of deceased Dec 10 th 1866
(Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Quakertown Penna
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor

11. Industry or business _____

12. Name Un Known

13. Birthplace no
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace No
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs C.H. Palmer
(b) Address Montgomery City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-43
(Month) (Day) (Year)

(c) Place: burial or cremation Fee Fee Cemetery St Louis Co Mo

18. (a) Signature of funeral director C. W. Hopkins
(b) Address Montgomery City Mo

19. (a) May 26-43 (Date received local registrar) (b) Mrs. C. E. Vandave (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 th year 1943 hour 8 minute 45 p. M.

21. I hereby certify that I attended the deceased from Oct 28 1942 to May 25 1943 that I last saw him alive on May 26 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Chronic Hepatitis Senile Psychosis generalized arteriosclerosis

Duration 6 mos 6 mos 1 mo 2 yrs

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 131 P

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) 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? _____

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

23. Signature E. T. Anderson, M.D. (M.D. or other) M.D.
Address Montgomery City Mo Date signed 5/26/43

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..... on the 25 th
day of May 1943.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No. I487

P. O. Address Montgomery City 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.