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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25322

FILED AUG 10 1943

Registration District No. 1

Primary Registration District No. 5595

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Jefferson

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

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

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 51 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50

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

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Charles Lexa

3. (b) If veteran, name war None

3. (c) Social Security No X

4. Sex male

5. Color or race white 0

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Edna Lexa

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Aug (Month) 10 (Day) 1891 (Year)

8. AGE: Years 51 | Months 10 | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Machine operator

11. Industry or business Frank Adams Electric Co.

FATHER
12. Name Charles Lexa
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Barbara
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Edna Lexa
(b) Address Barnhart MO

17. (a) burial (Burial, cremation, or removal) **(b)** Date thereof 7-9-43 (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 So. Grand Blvd.

19. (a) 7/7/43 (Date received local registrar) **(b)** C H Clement (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1943 hour 1 minute a.M.

21. I hereby certify that I attended the deceased from June 29, 1943 to July 6th, 1943
that I last saw him alive on July 6th, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Angina Pectoris	1 week
Due to Hemoplegia Right	36 hours
Due to Hypertension	7 years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ✓
Of autopsy No

94 do

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) .....

(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)

While at work? ..... (e) Means of injury 0

23. Signature Othmar J Sum M.D. (M. D. or other)

Address Barnhart MO Date signed 7/7/43

(Licensed Embalmer's Statement on Reverse Side)

AUG 11 1943

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 Virgil L. Berryman

Licensed Embalmer No. 4018

P. O. Address St. Louis, 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.