

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

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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 28 1944  
Registration District No. 570

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15637

State File No. \_\_\_\_\_  
Registrar's No. 50

Primary Registration District No. 2058  
6067 1091

1. PLACE OF DEATH:  
(a) County St. Charles  
(b) City or town Rural-St. Charles Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Charles County Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 13 yrs.  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Charles  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. St. Charles County Home  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Lemon  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 13  
year 1944 hour 6 minute 30 P.M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Oct 19<sup>th</sup> 1868  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 11<sup>th</sup> 1944 to March 13<sup>th</sup> 1944  
that I last saw him alive on March 12<sup>th</sup> 1944 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
75 4 24 hr. \_\_\_\_\_ min.

Immediate cause of death Coronary occlusion  
Due to \_\_\_\_\_  
Due to Gen. Arterio sclerosis  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace Truxton Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Retired

Major findings: no  
Of operations no  
Of autopsy no  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
12. Name Unknown  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_  
(b) Address \_\_\_\_\_  
17. (a) Burial (b) Date thereof March 13 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Grove 54 Charles W.

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? \_\_\_\_\_

18. (a) Signature of funeral director Hackman - Paul  
(b) Address St. Charles Mo.  
19. (a) 3/15/44 (b) Ernest G. Paul  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Cause of injury \_\_\_\_\_  
23. Signature A.P. Erick Schaefer  
Address St. Charles Mo. Date signed 3/14/44

RECEIVED  
District Health Officer No. 9,  
District File Number \_\_\_\_\_  
Date Filed 4-27-44

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. 9145

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.