. S. No. 2
OM—8-43
ev. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29488

FILED OCT 13 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8451

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4031 Wyoming St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ann

(c) City or town St. Louis 17 16
(If outside city or town limits, write "RURAL")

(d) Street No. 4031 Wyoming St 7
(If rural, give location)

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

3. (a) PRINT FULL NAME Eugene Julius

3. (b) If veteran, name war No

3. (c) Social Security No. 493-01-6627

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Florence

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased July (Month) 23 (Day) 1885 (Year)

8. AGE: Years 59 Months 2 Days 8 If less than one day hr. min.

9. Birthplace Mascoutah (City, town, or county) Ill (State or foreign country)

10. Usual occupation Salesman

11. Industry or business American Commission

FATHER
12. Name Philip Julius
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Charlotte Appel
15. Birthplace Mascoutah (City, town, or county) Ill (State or foreign country)

16. (a) Informant Florence Julius
(b) Address 4031 Wyoming St

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Oct 4 44 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director KRIEGSHAUSER
(b) Address 4228 So. Kingshighway

19. (a) OCT 4 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1
year 1944 hour 5. minute 10. A M.

21. I hereby certify that I attended the deceased from January 1st, 1944, to Oct 1st, 1944
that I last saw him alive on Oct - 1st, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Abd Viscera	1 year
Due to Cirrhosis of Liver.	2 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

46 M

Major findings:
Of operations None
Tapped abdomen fluid
Of autopsy None

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 Natural Cause
(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

23. Signature Scott Hever M.D. (M. D. or other)
Address 634 N Grand St Louis Mo. Date signed 10-2-44

(Licensed Embalmer's Statement on Reverse Side)

Dr Scott Heuer

Je 8911
Mo Building

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 .....

..... Co., Registered Apprentice No. .....,

working under my personal supervision.

Signed Edwin A. McDermott

Licensed Embalmer No. 3024

P. O. Address .....

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.