S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 22 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 36211

Registrar's No. 9539

1. PLACE OF DEATH:

(a) County

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. Christian Hospital
(If rural, give location)
4511 N. Newstead

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

If yes, name country

3. (a) PRINT FULL NAME Lewis Emory Missimore

3. (b) If veteran, name war World #1.

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April 1, 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67	7	8	hr. min.

9. Birthplace Walshville, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Physician

11. Industry or business

FATHER
12. Name Amos S. Missimore
13. Birthplace Hillsboro, Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ann Chapmann
15. Birthplace Walshville, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruby A. Jost
(b) Address 8727 Oriole Ave.

17. (a) Removal (b) Date thereof Nov. 11, 1944.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery Hillsboro, Illinois.

18. (a) Signature of funeral director Galvin F. Feutz Funeral Home
(b) Address 4828 Natural Bridge Blvd.

19. (a) NOV 10 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month November day 9,
year 1944 hour 4:30 minute A. M.

21. I hereby certify that I attended the deceased from Jan 44, 19__, to Nov 9, 1944
that I last saw him alive on Nov 8th, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	9 m.
Due to Arterial Sclerosis.	
Due to	
Other conditions no. (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
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)
(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

23. Signature Geo. A. Millers (M. D. or other)
Address 2739 N. Grand Date signed 11-9-44

(Licensed Embalmer's Statement on Reverse Side)

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 John A. Molinar

Licensed Embalmer No. 4186

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.