7. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 2 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32125

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 9217

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:
Missouri Pacific Hospital 0
(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. 3611 Penrosee
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Charles W. Lux Sr.

3. (b) If veteran, name war no

3. (c) Social Security No. 702-09-0359

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Bertha Lux

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Nov. 1, 1878 (Month) (Day) (Year)

8. AGE: Years 66 | Months 11 | Days 22 | If less than one day hr. min.

9. Birthplace St. Genevieve, Mo. (City, town, or county) 6 (State or foreign country)

10. Usual occupation Engine Wiper

11. Industry or business Manufacturers Railway

FATHER
12. Name LOuis Lux
13. Birthplace France (City, town, or county) 5 (State or foreign country)

MOTHER
14. Maiden name Mary Kaiser
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Bertha Lux
(b) Address 9446 W. Milton, Overland, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-26-45 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Nitt Bros. L. & U. Co.
(b) Address 2929 S. Jefferson

19. (a) OCT 25 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23 year 1945 hour 7 minute 25 P. M.

21. I hereby certify that I attended the deceased from October 19, 1945 to October 23, 1945 that I last saw him alive on October 23, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broncho-pneumonia	4 days
Due to:	
Due to:	
Other conditions: Myocarditis, Chr (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 John R. Blancock (M. D. ~~or other~~)
Address Mo. Pacific Hosp. Date signed Oct 23, 1945

(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 Frank Prokopf, Registered Apprentice No. ....., working under my personal supervision.

Signed Edgar F. Witt

Licensed Embalmer No. 2117

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.