

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution Since 7-8-42
(Specify whether

In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED: St. Clair 991

(a) State Illinois (b) County

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

(d) Street No. 915 Sycamore Street
(If rural, give location)

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

3. (a) PRINT FULL NAME LOUIS, Eugene P.

3. (b) If veteran, name war World I

3. (c) Social Security No. 328034027

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1946 hour 7:40 minute P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Geneva Louis

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

7. Birth date of deceased July 2 1893
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-8-42, 19 , to 7-19-46, 19 ; that I last saw him alive on July 19 1946 and that death occurred on the date and hour stated above.

8. AGE: Years 53 Months 0 Days 17 If less than one day
hr. min.

Immediate cause of death ASTHMA, BRONCHIAL; EMPHYSEMA, CHRONIC

Duration UNK

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

Due to 112

Due to

10. Usual occupation Stone Mason

Other conditions DISEASE OF THE HEART SECONDARY UNK TO CHRONIC LUNG DISEASE
(Include pregnancy within 3 months of death)

PHYSICIAN

11. Industry or business Monument Works

Major findings: No Operation
Of operations

Of autopsy No Autopsy

Underline the cause to which death should be charged statistically.

12. Name Leon Louis

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

14. Maiden name Wilhelmina Berkert

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

16. (a) Informant Clinical Clerk, Vet. Adm. Hosp.

(b) Address Jefferson Barracks, Missouri

17. (a) removal (b) Date thereof 7/19/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belleville, Ill.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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 informant E. J. Mc Garry
(b) Address Belleville, Illinois

19. (a) 2-22-46 (b) E. J. Mc Garry
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place)
Address Vet. Adm. Hosp. Jeff. Brks., Mo. Date signed 7-20-46

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

66

20713

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.

Body not embalmed.

Signed.....
W. E. Gardner
..... Licensed Embalmer No.

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.