

No. 2
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **43794**

JAN 8 1941 784
Registration District No. 784

Primary Registration District No. 101

Registrar's No. 2402

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Louis County Hosp
(If not in hospital or institution, write street number or locality)

(d) Length of stay: In hospital One Day & One half
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Floyd Lewton

(b) If veteran, name war No

(c) Social Security No. 448-01-2578

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Leta Lewton

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

7. Birth date of deceased Mar 15 1884
(Month) (Day) (Year)

8. AGE: Years 56 Months 9 Days 2

If less than one day _____ hr. _____ min.

9. Birthplace Ladonia Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Rep Oil Co

11. Industry or business Standard Oil Co

MOTHER, FATHER {

12. Name Ezra Lewton

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

14. Maiden name Alice Hull

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

16. (a) Informant Alma Day

(b) Address Perry Mo

17. (a) Burial (b) Date thereof 12/22/40
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wellsville Mo

18. (a) Signature of funeral director Wells Funeral Home

(b) Address Wellsville Mo

19. (a) DEC 20 1940 (b) R. M. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17
year 1940 hour 11:50 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Auto accident while operating own car on public highway. Collided with another auto Due to Frac. skull; intracranial hemorrhage; frac. sternum; multiple frac. of ribs.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy Yes

Duration _____

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) Accident

(b) Date of occurrence Dec. 16, 1940

(c) Where did injury occur? Bonhomme Township
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

While at work? _____ (Specify type of place)

(e) Means of injury Accident

23. Signature Louis H. [Signature] (Physician)
Address Kirkwood Date signed 12/24/40

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

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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 Ketter
.....
Licensed Embalmer No. *3880*

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, above space should be left blank.