

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....

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

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

(d) Length of stay: In hospital or institution two weeks
(Specify whether years, months or days)

In this community 8 years

3. (a) PRINT FULL NAME Hugh F. Euge

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mattie Euge

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased November 10, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70 2 18 hr. min.

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

10. Usual occupation Retired Conductor

11. Industry or business Missouri Pacific R. R.

MOTHER FATHER

12. Name Michael Euge

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

14. Maiden name Susan McKinley

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

16. (a) Informant Mattie Euge

(b) Address 5507 Pennsylvania, Saint Louis, Mo.

17. (a) Burial (b) Date thereof Feb. 1, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director C. N. Minster, U.S.C.

(b) Address 7814 S. Broadway, Saint Louis, Mo.

19. (a) JAN 31 1941 (b) J. H. Gredick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town Saint Louis
(If outside city or town limits, write "RURAL") 1317

(d) Street No. 5507 Pennsylvania
(If rural, give location) 9

(e) If foreign born, how long in U. S. A.? -- years. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28
year 1941 hour 10 minute 25 P.M.

21. I hereby certify that I attended the deceased from Jan. 12, 1941, to Jan. 28, 1941;
that I last saw him alive on Jan. 28, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach 3 Mo.

Due to H. B.

Due to H. B.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Carcinoma of stomach with pyloric obstruction

Of autopsy H. B.

PHYSICIAN H. B.
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? --

While at work? -- (c) Means of injury --

23. Signature Ralph Thompson (M. D. or other) M.D.
Address Mo. Pacific Bldg Date signed 1-28-41

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.....

Linus C. Hoffmeister

Licensed Embalmer No.

3871

P. O. Address

7814 S. Broadway

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.