S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 19 1945

State File No. 32229

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8700

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: St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County 999
(c) City or town East St. Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 1230 Illinois Ave. NR
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Eugene Nevois
3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife Infant
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 4 (Day) 1943 (Year)
8. AGE: Years 2 Months 3 Days 2 If less than one day hr. min.
9. Birthplace East St. Louis (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER 12. Name Alfred Nevois
13. Birthplace Prairie du Rocher, Ill. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Katherine Schmuch
15. Birthplace Prairie du Rocher, Ill. (City, town, or county) (State or foreign country)
16. (a) Informant Alfred Nevois
(b) Address 1230 Illinois Av., East St. Louis, Ill.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-9-45 (Month) (Day) (Year)
(c) Place: burial or cremation Prairie du Rocher, Ill.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) OCT 8 (Date received by registrar) (b) 1945 J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8 year 1945 hour 3 minute 25 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	Duration
Bronchio-Pneumonia	
Due to Edema of lungs	
Due to	
Other conditions (Include pregnancy within 3 months of death) 107	

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 Patrick E. Taylor (M. D. or other)
Address Deputy Coroner Date signed Oct. 8, 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

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.