

REC'D OCT 12 1938

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH 791
31075
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 1003
 (b) Township Primary Registration District No. 791
 (c) City St. Louis, (d) Street No. 3511 No. Newcastle, St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Warden D. Everley - 164
 (a) Residence, No. #3511 No. Newcastle St. 10 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept - 27 - 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eliza Everley

22. I HEREBY CERTIFY, That I attended deceased from Jan 1936, to Sept 26 - 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13, 1864

Last saw him alive on Sept 26, 1938. Death is said

7. AGE YEARS 74 MONTHS 5 DAYS 14 If LESS than 1 day, hrs. or min.

to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Mail Clerk
 10. Date deceased last worked at this occupation (month and year) Freight Handler
 Total time (years) spent in this occupation

Date of onset

Chronic Myocarditis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Point Marion Pa.

Other contributory causes of importance:

Chronic Nephritis & Arterio Sclerosis

13. NAME Albert G. Everley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

15. MAIDEN NAME Dillner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

17. INFORMANT (ADDRESS) Herbert Everley, #7220 W. Park.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla, DATE Sept 30, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C.P. Supton & Sons, #7233 Delmar Blvd.

20. FILED (ADDRESS) J. Bredeck, Local Registrar.

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) A. A. White, M. D.

(Address) 1114 No. Theatre Bldg.

 N.B.—Every item of information should be carefully supplied. A.C.B. should be stated EXACTLY. PHYSICIAN'S SIGNATURE
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

 Corrected Oct 26, 1938
 L. Wood

See affidavit misc file WD # 121 - 1938

Rec 11255, Kingsbury, T.H. - 0981

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,

Bradford A. Miles

, or by

Registered Apprentice No., working under my personal supervision.

Signed

Bradford A. Miles

Licensed Embalmer No.

2901

P. O. Address

St. Louis Mo

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.