

NOV 30 1938 DEC 8 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

40430
Do not use this space.

1. PLACE OF DEATH

(a) County Saint Louis Registration District No. 784
 (b) Township Carondelet Primary Registration District No. 200
 (c) City Jefferson Barracks (d) Street No. Vet Hosp 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 Emmett J. EVERSON

(a) Residence, No. 162 St. Truxton, Missouri.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mrs. Olive F. Everson (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 7 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Maintenance Work
 9. Industry or business in which work was done, as saw mill, bank, etc. -
 10. Date deceased last worked at this occupation (month and year) about 5 yrs. ago. 11. Total time (years) spent in this occupation 10 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atlanta, Georgia.

FATHER 13. NAME Emmett Everson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York.

MOTHER 15. MAIDEN NAME Eliza Jones
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee.

17. INFORMANT Clinical School, Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellflower Mo 12-2-38

19. FUNERAL DIRECTOR (ADDRESS) Cedric K Jones Bellflower Mo

20. FILED Nov 30 1938 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 4, 1938, to November 30, 1938

I last saw him alive on November 30, 1938. Death is said to have occurred on the date stated above, at 6:35A. m.

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

Valvular Heart Disease, mitral insufficiency.

Other contributory causes of importance:
Myocarditis.
Arteriosclerosis.
Bronchitis.

Name of operation Nons Date of 9/20
 What test confirmed diagnosis Phys. clinical, manif. and laboratory NO 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?
 If so, specify Yes
 (Signed) C. W. HUGHES, Chief Med. Officer, M. D.
 (Address) VAF., Jefferson Barracks, Mo.

Date of onset
Unkn.
Unkn.
Unkn.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Claude A. Jones, Licensed Embalmer No. 2978
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed Claude A. Jones
Licensed Embalmer No. 2978

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.)