

Registration District No. 17

Primary Registration District No.

Registrar's No.

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:
3511 N. Newstead, Ave.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

8. (a) PRINT FULL NAME ELIZA NADIN EVERLEY, 164

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Warden D. Everley 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 15 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 0 25 hr. min.

9. Birthplace Sheffield, England
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name Thomas Nadin.

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

14. Maiden name Lucy Amy.

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

16. (a) Informant Herbert W. Everley

(b) Address 3511 N. Newstead,

17. (a) Burial (b) Date thereof 6-12-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address 7233 Delmer, Blvd.

19. (a) JUN 14 1940 (b) J. J. [Signature]
(Date) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis, 10
(If outside city or town limits, write "RURAL")
(d) Street No. 3511 N. Newstead, Ave.,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1940 hour 1:15 minute am M.

21. I hereby certify that I attended the deceased from Feb
10, 1940, to June 10, 1940;
that I last saw her alive on June 10, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardia
due chronic Nephritis. Duration 5 yrs?

Due to Arteriosclerosis, general

Due to Arteriosclerotic Fibrillation

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) _____

(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? _____ (Specify type of place)
(c) Means of injury _____

23. Signature Francis J. Carver (M. D. or other)

Address 4 & 2 N. Taylor St. Date signed June 12, 1940

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

W. D. Clapp - 2 P.M.

Mr. Francis Conner
Pastor
NE 2121
4-2 P.M.

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.