

Registration District No. 7 Primary Registration District No. 1003

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:
2930 LUCAS 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)

3. (a) PRINT FULL NAME Lillar Covington 152

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

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

6. (b) Name of husband or wife _____ 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	24	hr. _____ min.

9. Birthplace Bowlinggreen Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business At Home

12. Name Joseph Dickerson

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

14. Maiden name Jennie Smith

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

16. (a) Informant Lena Johnson

(b) Address 2930 Lucas ave

17. (a) Burial (b) Date thereof June 14, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Peters Cemetery

18. (a) Signature of funeral director C.W. Roberts

(b) Address 3035 Lucas ave

19. (a) JUN 11 1940 (b) J.F. Brudick
(Date of local filing) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 2930 Lucas 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 8
year 40 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from 3-22
1940 to 6-8, 1940
that I last saw him alive on 6-7, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death:
Myocardial weakness
Chronic myocarditis
Due to 7 hypertensions
Calcification of coronary
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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) _____

23. Signature Robert M. Lloyd (M. D. or other) _____
Address 2839 A Hickman Date signed 6-10-40

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

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 me
Chas Gairnes, Registered Apprentice No. 2349
working under my personal supervision.

Signed Chas Gairnes

Licensed Embalmer No. 2349

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, above space should be left blank.