No. 2
4-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36765

Registration District No. 791 FILED DEC 11 1940 Primary Registration District No. 1003 Registrar's No. 9038

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: 4544a Arco Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis 18
(If outside city or town limits, write "RURAL")
(d) Street No. 4544a Arco Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Angie Everson
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 Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 10th (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
69	8	23	hr. min.

9. Birthplace (City, town, or county) Pennsylvania (State or foreign country)
10. Usual occupation Housework at home
11. Industry or business
FATHER 12. Name Jacob Place
13. Birthplace (City, town, or county) Pa. (State or foreign country)
MOTHER 14. Maiden name Rosanna Love
15. Birthplace (City, town, or county) Pa. (State or foreign country)
16. (a) Informant Dorothy Everson
(b) Address 4544a Arco Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-4-40 (Month) (Day) (Year)
(c) Place: burial or cremation Steelville Mo.
18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.
19. (a) NOV 2 1940 (Date received local registrar) (b) J. F. Burchard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2nd year 1940 hour 6:15 minute A.M. M.
21. I hereby certify that I attended the deceased from 1925 Nov 2nd, 1940, to Nov 2, 19; that I last saw her alive on Nov 2, 1940; and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Occlusion Hypertension Aortic Stenosis
Due to Chronic Rheumatism
to the best of my Knowledge
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy No

Duration Rheum Arom Years & have kn. him her

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 J. J. Meredith (M. D. or other)
Address 1289 N. Kingshighway Date signed

(Licensed Embalmer's Statement on Reverse Side)

J. J. Meridetto
128-9 St Kingsbury
Jo: 0047

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 Reinhold K Lohmann

Licensed Embalmer No. 3395

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.