. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3054

Registration District No. 4725 Primary Registration District No. 3580 Registrar's No. 14-61

1. PLACE OF DEATH:
(a) County JEFFERSON
(b) ~~City or town~~ RURAL - MERAMEC
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. JOSEPHS HILL INFIRMARY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 30 DAYS years, months or days)

2. USUAL RESIDENCE OF DEACESED:
(a) State MISSOURI (b) County 0
(c) ~~City or~~ town VALLEY PARK 0
(If outside city or town limits, write "RURAL")
(d) Street No. 900 PYRAMID AVE.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

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3. (a) PRINT FULL NAME JOSEPH W. EVERETT
3. (b) If veteran, name war
3. (c) Social Security No. 499-03-8868
4. Sex MALE
5. Color or race WHITE
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ WIDOWED
6. (b) Name ~~of husband or~~ wife ANNA SCHNEEDLE
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 25 (Day) 1877 (Year)
8. AGE: Years 63 Months 8 Days 13 If less than one day hr. min.
9. Birthplace JEFFERSON, (City, town, or county) MO. (State or foreign country) 0
10. Usual occupation CARPENTER
11. Industry or business BUILDING
12. Name GEORGE EVERETT
13. Birthplace (City, town, or county) MO (State or foreign country)
14. Maiden name Nylya Pardom
15. Birthplace (City, town, or county) Tenn (State or foreign country)
(Frank Everett 2 Rainbow)
16. (a) Informant Brother Roch C.S.F.
(b) Address St. Joseph's Hill Infirmary
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-41 (Month) (Day) (Year)
(c) Place: burial or cremation St Louis Cem Fenton, Mo
18. (a) Signature of funeral director Louis N. Begg & Son
(b) Address 631 W. Argonne Dr. Kirkwood
19. (a) 9 Jan 1941 (Date received local registrar) (b) James A. Downey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 8 year 1941 hour 4 minute 30 A. M.
21. I hereby certify that I attended the deceased from DECEMBER 14, 1940, to JANUARY 8, 1941; that I last saw him alive on JANUARY 8, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CARCINOMA OF LIVER	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 Jesse S. Sargent (M. D. or other) D.M.D.
Address ROUTE 3 EUREKA, MO. Date signed 1/8/41

(Licensed Embalmer's Statement on Reverse Side)

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 Louis H Bopp, Registered Apprentice No. ..... working under my personal supervision.

Signed Louis H Bopp

Licensed Embalmer No. 921

P. O. Address Kirkwood Mo

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.