

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22800
Registrar's No. 1388

Registration District No. 784 Primary Registration District No. 300

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Jefferson Barracks
(c) Name of hospital or institution: Veterans Administration Facility (1)
(d) Length of stay: In hospital or institution Admitted 5/16/41
Since 5/16/41
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County 999
(c) City or town Springfield
(d) Street No. 1306 1/2 East Washington
(e) Citizen of foreign country? - (Yes or No) 20
If yes, name country _____

3. (a) PRINT FULL NAME Floyd S. Covington
3. (b) If veteran, name war World
3. (c) Social Security No. 348-09-8247

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Edna
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 12, 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 11 19 hr. min.

9. Birthplace Springfield, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Miner

11. Industry or business _____

12. Name John Covington
13. Birthplace Illinois
14. Maiden name Elizabeth Parsons
15. Birthplace Illinois

16. (a) Informant M. Schellig
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) REMOVAL (b) Date thereof 7-1-41
(c) Place: burial or cremation SPRINGFIELD, ILL.

18. (a) Signature of funeral director Robert H. Hopper
(b) Address 4700 W. Oakley St. Springfield, Mo.

19. (a) JUL 1 1941 (b) DR. Meyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st
year 1941 hour 2:38 minute 8 A.M.

21. I hereby certify that I attended the deceased from May 16, 1941 to July 1, 1941
that I last saw him alive on July 1, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Syphilitic heart disease, marked cardiac enlargement, myocardial damage, aortic insufficiency, and myocardial insufficiency.

Due to _____
Due to _____
Other conditions: 30A
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: No autopsy.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)
(a) Means of injury _____
23. Signature C. W. Hughes, M.D. (M. D. or other) 0
Address Chief Medical Officer Date signed 7/1/41

Duration

Unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

JUL 3 1941

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.....

Robert G. Hoppe

Licensed Embalmer No.: *2971*

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, fact should be so stated above.