

FILED APR 27 1942 791

STANDARD CERTIFICATE OF DEATH
1003

12574

State File No.

Registrar's No.

3465

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 429 DeBalivere /
(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 John D. Everson
3. (b) If veteran, name war no 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cara 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased April 12 1873
(Month) (Day) (Year)

8. AGE: Years 69 Months 0 Days 4 If less than one day .hr. _____ min.

9. Birthplace Hamotden / Wis.
(City, town, or county) (State or foreign country)

10. Usual occupation Shop Keeper

11. Industry or business

12. Name Ingebright Everson
13. Birthplace Norway
(City, town, or county) (State or foreign country)
14. Maiden name Stenson
15. Birthplace Norway
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Everson
(b) Address 429 DeBalivere
17. (a) Removal (b) Date thereof 4/19/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mount Carmel Ill.

18. (a) Signature of funeral director Albert H Hoppe
(b) Address 4700 Washington
19. (a) APR 17 1942 (b) J. F. Mueller
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL" (Specify location) 5-9
(d) Street No. 429 DeBalivere
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 42 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 17 1941 to April 16 1942
that I last saw him alive on April 16 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis 15 Mo

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 73

Major findings: Of operations _____

Of autopsy no

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) (a) Means of injury 0

23. Signature John W. McDonald M.D. or other M.D.
Address 5739 N. Grand Date signed 4-17-42

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

MOTHER FATHER

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.....

G. W. Wilkinson

Licensed Embalmer No. 3575

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.