

FILED MAR 27 1944
Registration District No. **818**

Primary Registration District No. **1003**

Registrar's No. **2430**

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:
2216 S 11th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community **Life**.....
years, months or days)

3. (a) PRINT FULL NAME **ANNA EVERING**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **Nov 1st** **1875**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 **4** **10** hr. min.

9. Birthplace **St. Louis Mo.** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business.....

MOTHER FATHER { 12. Name **Henry Evering**
13. Birthplace **Missouri** **0**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna Meier**
15. Birthplace **Missouri** **0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mayme Evering**
(b) Address **2216 S 11th St.**

17. (a) **Burial** (b) Date thereof **March 14/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(a) Place: burial or cremation **Old S.S. Peter & Paul**

18. (a) Signature of funeral director **Thordutis & son**

(b) Address **2906 Gravois Ave.**

19. (a) **MAR 13 1944** (b) **J.T. Beedeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000 17**
(c) City or town **St. Louis** **723**
(If outside city or town limits, write "RURAL")
(d) Street No. **2216 S 11th St.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **11**
year **1944** hour **2 00 P.M.** M.

21. I hereby certify that I attended the deceased from **Sept 1 43** 19..... to **March 11** 19**44**
that I last saw her alive on **March 10** 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Valvular disease of heart**

Due to..... **92**

Due to.....

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

Major findings:
Of operations.....
Of autopsy.....

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) (e) Means of injury.....

23. Signature **F. J. Bernard** (M. D. or other) **MD**
Address **3115 S. Grand** Date signed.....

LA 1390 3/16/68. B. B. B.

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.....

David Van Fossen

Licensed Embalmer No. *4242*

P. O. Address *2906 Hi...*

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

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