No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 21 1949

Registration District No. 3

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 3476

Registrar's No. 180

1. PLACE OF DEATH:
(a) County: ST. Louis
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 months - 6 days (Specify whether years, months or days)
In this community: 3 months - 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Kentucky (b) County: 999
(c) City or town: Clarkson, 15
(If outside city or town limits, write "RURAL")
(d) Street No.: ~~1309 Jefferson M.M~~ 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME: EVERLING, Temple
3. (b) If veteran, name war: WW-2
3. (c) Social Security No.: Unknown
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Ima
6. (c) Age of husband or wife if alive: 39 years
7. Birth date of deceased: July (Month) 23 (Day) 1906 (Year)

8. AGE: Years	Months	Days	If less than one day
41	5	24	hr. min.

9. Birthplace: Hartford (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation: Teacher
11. Industry or business:
MOTHER FATHER
12. Name: James Everling
13. Birthplace: Bradenberg, Ky. (City, town, or county) (State or foreign country)
14. Maiden name: Joan Yates
15. Birthplace: Hartford, Ky. (City, town, or county) (State or foreign country)
16. (a) Informant: Registrar
(b) Address: Jefferson Barracks, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Jan. 19, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Beaver Dam, Kentucky
18. (a) Signature of funeral director: C. Hoffmeister Undertaking Livery Co.
(b) Address: 7814 S. Broadway
19. (a) 1-20-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16 year 1948 hour 9:00 minute P. M.
21. I hereby certify that I attended the deceased from October 10, 1947 to January 16, 1948 that I last saw him alive on January 16, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
1. MYOCARDITIS (chronic)	
2. CARDIAC DECOMPENSATION	
3. HYPERTENSIVE CARDIOVASCULAR DISEASE	
Due to: Contributary cause:	
VENOUS THROMBOSIS, RIGHT LEG	
PLEURAL EFFUSION	
Other conditions (Include pregnancy within 3 months of death)	

93d

Major findings: None
Of operations:
Of autopsy: No Autopsy performed

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): None
(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: 0
23. Signature: L. E. Stilwell (M. D. or Coroner) LEE. STILWELL
Address: Jefferson Barracks, Mo. Date signed: 1/19/48

Jefferson City Printing Co.

(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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.

No. 2B
—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 9 1948

Registration District No. 1

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6026

State File No.

Registrar's No. 180

correction per atty. of admin

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town City Barnacle

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veh Admin Hosp.

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution admit Nov 10-48 (Specify whether

In this community moved to Oct 10-48 years, months or days)

3. (a) PRINT FULL NAME Everlenny Temple

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

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

7. Birth date of deceased 7 (Month) 23 (Day) (Year)

8. AGE: Years 41 Months Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 1-20-48 (Date received by Registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January Day 1 year 48 hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Chr myo, Acute decomp Hyp cardiac vad D.

Due to

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

1948
S-3476