

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22083

State File No.

FILED JUL 7 1949

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1406

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Afton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Valley Park	
c. LENGTH OF STAY (In this place) 6 weeks		d. STREET ADDRESS (If rural, give location) 410 Marshall Avenue	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Miller Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) David b. (Middle) Ambrose c. (Last) Everett			4. DATE OF DEATH (Month) (Day) (Year) June 12, 1949	
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 15, 1878	9. AGE (In years) (If UNDER 1 YEAR: Hours Min. If UNDER 24 HRS. Hours Min.) 71	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY General	11. BIRTHPLACE (State or foreign country) Jefferson County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George Everett	13b. MOTHER'S MAIDEN NAME Myria Agnes Purdon	14. NAME OF HUSBAND OR WIFE Daisy Ellen Everett
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No	16. SOCIAL SECURITY (If yes, give number or date of service) 499-03-8956	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ambrose Everett, Valley Park, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma (Cancer) Stomach and Intestines		INTERVAL BETWEEN ONSET AND DEATH 1 yr.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 151X 46L		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION no	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3/18/1949 to 6/12/1949, that I last saw the deceased alive on 6/11/1949, and that death occurred at 5 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. D. Walters M.D.	23b. ADDRESS W. D. Walters, Grand	23c. DATE SIGNED 6/13/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/14/49	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery,	24d. LOCATION (City, town, or county) Kirkwood, Missouri
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DATE REC'D BY LOCAL REG. 6-13-49	REGISTRAR'S SIGNATURE Harold L. ...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schrader Fun'l Home, Ballwin, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

96
0
0

96
16
0

2041

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 _____

..... Student Embalmer No. _____
working under my personal supervision.

Signed Theo. Schrader

Signed.....
Student Embalmer

Licensed Embalmer No. 3066

P. O. Address Baltimore Md

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.