

No. 300
10-748

FILED 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39374

REG. # - 85325

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 28001

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.
c. LENGTH OF STAY (In this place) 191 DAYS
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS
d. STREET ADDRESS (If rural, give location) 2224 MISSOURI, 73

3. NAME OF DECEASED
a. (First) ANTON b. (Middle) J. c. (Last) EVERDING

4. DATE OF DEATH (Month) (Day) (Year)
NOVEMBER 19, 1950

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH 4-29-92

9. AGE (In years last birthday) 58
if UNDER 1 YEAR Months 6 Days 21 if UNDER 24 Hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ICE & COAL BUSINESS

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME UNKNOWN

13b. MOTHER'S MAIDEN NAME UNKNOWN

14. NAME OF HUSBAND OR WIFE OTILIA EVERDING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WW-I

16. SOCIAL SECURITY NO. 488323061

17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC DECOMPENSATION
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) HYPERTENSIVE CARDIOVASCULAR DISEASE
DUE TO (c) MYOCARDIAL INFARCTION(OLD)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
2 yrs
5 yrs
3 yrs
4201

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4201

20. AUTOPSY? YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-13-50, 1950, to 11-19-50, ~~xxxxxxxxxxxx~~ and that death occurred at 10:10 p.m., from the causes and on the date stated above.

22a. SIGNATURE [Signature] (Degree or title) 0 M.D.

23b. ADDRESS VET. ADM. HOSP., JEFF BRKS, MO.

23c. DATE SIGNED 11-19-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11/22/50

24c. NAME OF CEMETERY OR CREMATORY St. Peter's Paul Cem.

24d. LOCATION (City, town, or county) (State) St. Louis Mo.

DATE REC'D BY LOCAL REG. 11/20/50

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JOHN H. HEBKEN, Sons, St. Louis, Mo.

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

4000

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.....

.....
working under my personal supervision.

..... Student Embalmer No.....

Signed..... *Robert F. Gibken*

Signed.....
..... Student Embalmer

..... Licensed Embalmer No..... *4144*

..... P. O. Address..... *2630 Groves*

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.