No. 300
10.48

FILED DEC 12 1952

STANDARD CERTIFICATE OF DEATH

State File No. 40098

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10947

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saint Louis
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2609 S. Grand Blvd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saint Louis 2179
d. STREET ADDRESS (If rural, give location): 2609 S. Grand Blvd. 17 0

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): A.
c. (Last): Covington

4. DATE OF DEATH (Month) (Day) (Year): Nov. 27, 1952.

5. SEX: Male 0

6. COLOR OR RACE: White

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

8. DATE OF BIRTH: Jan. 29, 1982

9. AGE (In years last birthday): 70 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CUSTODIAN (Retired) Schools

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St. Louis, Mo. 0

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: David A. Covington

13b. MOTHER'S MAIDEN NAME: Ellen Morgan

14. NAME OF HUSBAND OR WIFE: Emily C. Covington.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No - (If yes, give war or dates of service): N.

16. SOCIAL SECURITY NO.: No N/R

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Azbel, 2609 S. Grand Blvd.

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Hypertensive Cardio-

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) vascular Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: ?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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) m.

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

21f. HOW DID INJURY OCCUR?: 443X

22. *I hereby certify that I attended the deceased from* Oct 2 *1952, to* Nov. 27, *1952 that I last saw the deceased alive on* Nov. 24, *1952, and that death occurred at* 1:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Edward Kelbing (Degree or title): MD

23b. ADDRESS: 3903 Olive St. Louis 8

23c. DATE SIGNED: 11-28-52

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

24b. DATE: 11/29/52

24c. NAME OF CEMETERY OR CREMATORY: St. Mathers Cemetery

24d. LOCATION (City, town, or county) (State): 4360 Bates, St. Louis, Mo.

DATE REC'D BY LOCAL REG.: NOV 28 1952

REGISTRAR'S SIGNATURE: J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: CRAIG, 4700 Washington.

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student .....
Student Embalmer

Signed John S. Demeler

Licensed Embalmer No. 4194

P. O. Address St. Louis Mo

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.