

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44278**

FILED JAN 27 1955

BIRTH NO. **46981-54** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **3007**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Ann Mo.		c. CITY OR TOWN St. Ann, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 18401 St. Clovis Lane		e. STREET ADDRESS (If rural, give location) 3401 St. Clovis Lane	

3. NAME OF DECEASED (Type or Print) a. (First) Terry b. (Middle) Andrew c. (Last) Everding			4. DATE OF DEATH (Month) (Day) (Year) December 28, 1954		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 22, 1954	9. AGE (In years last birthday) 5	10. MONTHS 6	11. HOURS 6	12. MIN. 6
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George A. Everding	13b. MOTHER'S MAIDEN NAME Laurine Ault	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS George A. Everding 3401 St. Clovis Lane
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH One mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malnutrition		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 7593	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 **7-22-1954** to **12-28-1954**, that I last saw the deceased alive on **12-27-1954** and that death occurred at **8 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph E. Carney MD	23b. ADDRESS 906 Olive St	23c. DATE SIGNED 12-28-54
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24a. BURIAL, CREMATION, REMOVAL REMOVAL	24b. DATE 12/30/54	24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
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DATE REC'D BY LOCAL REG. 12-29-54	REGISTRAR'S SIGNATURE Herbert R. Donker, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John H. Gebken Sons Und. Co, 2630 Gravois Ave.
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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.....
Signature of Student Embalmer

Signed *Robert F. Goble*.....

Licensed Embalmer No. 4144.....

P. O. Address 2630 Gravois 4.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.