

FILED SEP 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **28347**BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7021**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 45 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 25 1715a Biddle Street		(If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Louis b. (Middle) c. (Last) Everson		4. DATE OF DEATH (Month) (Day) (Year) 7 25 56	
5. SEX Male		6. COLOR OR RACE Negro	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Jan. 19, 1880	
Widowed		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 76 Months 6 Days 6 Hours 1 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Street Cleaner		10b. KIND OF BUSINESS OR INDUSTRY City of St. Louis	
11. BIRTHPLACE (City and State or Foreign Country) Herman, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Earn Everson		13b. MOTHER'S MAIDEN NAME Kate Rollins	
14. NAME OF HUSBAND OR WIFE Stella Everson		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. ---		17. INFORMANT'S SIGNATURE OR NAME Cora Everson	
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.		1722a Pendleton ADDRESS	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aorta Thoracic Dissecting Aneurysm (non-syphilitic)		INTERVAL BETWEEN ONSET AND DEATH Undet.	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Prostate Hyperplasia Nodular Kidney Cortical Abscesses Subacute Inflammation of Bladder			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 451X	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6-19 , 19 56 , to 7-25 , 19 56 , that I last saw the deceased alive on 7-25 , 19 56 , and that death occurred at 4:00p m., from the causes and on the date stated above.			
23a. SIGNATURE Frank S. Richards, M.D.		23b. ADDRESS 2601 N. Whittier St.	
23c. DATE SIGNED 7-27-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/31/56	
24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. JUL 30 1956		REGISTRAR'S SIGNATURE Charles J. Gates	
25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates		ADDRESS 4107 Finney	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING 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 *Arthur L. Heil*

Licensed Embalmer No. 4221

P. O. Address 4107 Finney A

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.