

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017497

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1219

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 27 1962

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, give TOWNSHIP only) OR TOWN Kirkwood		Length of stay in 1b 9 days	c. CITY OR TOWN Mehlville Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 909 Forder Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Omer Eversert			4. DATE OF DEATH Month Day Year April 18 1962
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/9/1892
9. AGE (last birthday) 69		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Caretaker		10b. KIND OF BUSINESS OR INDUSTRY Nazareth Convent	11. BIRTHPLACE (City and state or country) Coyham, Belgium
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Victor Eversert	
13b. MOTHER'S MAIDEN NAME Duraselle Ahaert		14. NAME OF HUSBAND OR WIFE None	
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 Gladys Kramer		Address 4309 Ringer St., Louis 29 Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute cardiac decompensation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Pyelonephritis			INTERVAL BETWEEN ONSET AND DEATH days years days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Recent pulmonary embolus		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 1959 to 4-18-62 and last saw him alive on 4-17-62 Death occurred at 12:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Charles Miller MD (Doctor or title)		22b. ADDRESS 35 W. Adams, Kirkwood	22c. DATE SIGNED 4-19-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Apr. 20, 1962	23c. NAME OF CEMETERY OR CREMATORY Assumption Cemetery	23d. LOCATION (City, town, or county) Matthee, Missouri
24. FUNERAL DIRECTOR ADDRESS C. Hoffmeister Mortuaries 7814 So. Broadway St. Louis, Mo.		25. DATE RECD. BY LOCAL REG. 4-20-62	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 4003

2 4000

3

4 0

5 0

6

7 2

8 2

9 4200

10

11

12 440

13

USE BLACK INK OR TYPEWRITER RIBBON

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

John L. Hennehy

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Dr. Charles Miller 135 W. Adams
7 a.m. - 6 p.m.
T 41-9150