

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

14126

**1. PLACE OF DEATH**

County ..... Registration District No. 51  
Township ..... Primary Registration District No. 1003  
City St. Louis Mo (No. 2224 Missouri Ave)

File No. ....  
Registered No. 3457  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. George Everding St. 24 Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1<sup>st</sup> 1959

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 6 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 7 years

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Teacher

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 13. NAME Jos. Everding

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Therise Witte

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Anton Everding  
(ADDRESS) 2224 Missouri Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter & Pauls DATE April 11<sup>th</sup> 1932

19. UNDERTAKER W. H. Lightner & Co.  
(ADDRESS) 2224 Missouri Ave

20. FILED 5 13 32 Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8<sup>th</sup> 1932

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1932 to Apr 8, 1932

I last saw him alive on Apr 7, 1932 Death is said

to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia  
108  
930 108  
47

Date of onset  
3/21/32

Other contributory causes of importance:  
Myocarditis Chronic  
Arteriosclerosis

yes  
7 yr

Name of operation none Date of

What test confirmed diagnosis blood Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify metabolic disease

(Signed) 506 Dear St., M. D.  
(Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE COPY WITH UNFADING INK—THIS IS A PERMANENT RECORD

Mr. [unclear]  
[unclear]