

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAR 12 1936

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

Do not use this space.

3913

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis, Mo. (No. En-Cadre Cite No. 12)

Registration District No. 791  
Primary Registration District No. 1003

File No.....  
Registered No. 1192  
St. .... Ward)

**2. FULL NAME**

Beatrice Everett  
(a) Residence, No. 2533 Clark Ave. St., 22 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 <u>Female</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>A. J. Everett</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 16, 1916</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>19</u>	<u>9</u>	<u>13</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>House Work</u>			
	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)  
Miss

MOTHER FATHER 13. NAME Ezekiel King

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

15. MAIDEN NAME Annie Harris

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

17. INFORMANT (ADDRESS)  
Ezekiel King  
2533 Clark Ave

18. BURIAL, CREMATION OR REMOVAL PLACE Lutheran DATE Feb. 1, 1936

19. UNDERTAKER (ADDRESS)  
W. S. Wadsworth Co.  
4202

20. FILED FEB 1 1936 J. B. Bedeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 2:40 m.

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

Pulmonary Tuberculosis  
Chronic Pleurisy

Date of onset  
7/3

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

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.....

(Signed) Frank H. Pauling, M.D.

(Address) Coroner

