JUN 26 1936

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

Do not use this space.

215780

1. PLACE OF DEATH
County St Louis — Registration District No. 1123 — File No.
Township Carondelet — Primary Registration District No. 6248 B — Registered No. 203
City Oakville Mo (No. Forder Avenue St. Ward)

2. FULL NAME Duroselle Everaert
(a) Residence, No. Forder Avenue St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Female
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: Victor Everaert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 13, 1853

7. AGE: Years 82 — Months 7 — Days 15 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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): Belgium

FATHER
13. NAME: Abinez Aelvaet
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Belgium

MOTHER
15. MAIDEN NAME: Rosalie Francois
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Belgium

17. INFORMANT (ADDRESS): Omer Everaert, Forder Ave. Oakville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Assumption Cem. DATE May 30, 1936

19. UNDERTAKER (ADDRESS): C. Hoffmeister Und. & Livery Co. 7814 So. Broadway, St. Louis, Mo.

20. FILED May 29, 1936 G Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1936, to May 28, 1936
I last saw her alive on May 28, 1936 Death is said to have occurred on the date stated above, at 5:30p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Arterio Sclerosis	
Myocarditis Chr.	

Other contributory causes of importance:

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

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) Charles W. Thierry, M. D.
(Address) Metropolitan Bld St Louis Mo

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.

Chas. Thiery Met. Bldg.

J. 3303

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