

Registration District No. **791**

Primary Registration District No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5715a Etzel Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME **MARY EVERHARDT**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**
6. (b) Name of husband or wife **W. E. Everhardt** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **Dec. 19 1855**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 11 26 hr. min.

9. Birthplace **Maitland Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Charles Schooler**
13. Birthplace **Indiana**
(City, town, or county) (State or foreign country)
14. Maiden name **Mariana King**
15. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **Blanche Roselle**

(b) Address **5715a Etzel Ave.**

17. (a) **Burial** (b) Date thereof **12/18/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maitland, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Ave.**

19. (a) **J. H. Bredech** (b) **J. H. Bredech**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **St. Louis** 5
(If outside city or town limits, write "RURAL")
(d) Street No. **5715a Etzel Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **15**
year **1940** hour **9** minute **10** M.

21. I hereby certify that I attended the deceased from **Nov 23**, 19**40**, to **Dec 15**, 19**40**,
that I last saw h. alive on **Dec 5**, 19**40**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**
Duration **2 yrs.**

Due to.....

Due to.....

Other conditions **Senility**
(Include pregnancy within 3 months of death)

Major findings: Of operations **no**

Of autopsy **no**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?.....
(Specify type of place) (e) Means of injury.....

23. Signature **Mr. J. Langar, Jr.** (M. D. or other)

Address **5803 Birch St.** Date signed **Dec 16/40**

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Guy W Wilkinan*.....
Licensed Embalmer No..... *3575*.....

P. O. Address.....

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