

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE **FILED MAY 12 1941** MISSOURI STATE BOARD OF HEALTH
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

State File No. **12839**
3269
Registrar's No.

Registration District No. **791**
Primary Registration District No.

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:
Luthern Hospital
(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 **Dora Evert**

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 **August**
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Oct. 11 1857**
(Month) (Day) (Year)

8. AGE: Years **83** Months **6** Days **2**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Franz Young**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Jenny**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Hugo Freiburger**

(b) Address **Jeffriesburg, Mo.**

17. (a) **Removal** (b) Date thereof **4/15/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

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

19. (a) **APR 15 1941** (b) **J. H. Breach**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **36**
(c) City or town **Jeffriesburg** **VRO**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~Apr 13~~ **Apr 13** day **13** hour **2** minute **30** A-M.

21. I hereby certify that I attended the deceased from **4** 19**41** to **Apr. 13** 19**41**
that I last saw **em** alive on **Apr. 12** and that death occurred on the date and hour stated above.

Immediate cause of death **Influenza**

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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? _____
(Specify type of place) (e) Means of injury _____

23. Signature **J. W. Smith** (M. D. or colony) _____
Address **420 Wilmington Ave.** Date signed **4/14/41**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

J. Wm Binkley

Licensed Embalmer No. *3653*

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