6
No. 2
-1-4-41
5-17-39
I X26390

FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 16893

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4411

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

**1. PLACE OF DEATH:**

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital #1 U
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County — 000

(c) City or town St. Louis 1718
(If outside city or town limits, write "RURAL")

(d) Street No. 2917 Rutger St 9
(If rural give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James Covington

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex MALE (✓)

5. Color or race WHITE

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Covington

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Jan (Month) 16 (Day) 1867 (Year)

8. AGE: Years 74 Months 4 Days 9 If less than one day ✓ hr. ✓ min.

9. Birthplace Mississippi (City, town, or county) — (State or foreign country)

10. Usual occupation City Employee

11. Industry or business Custodian

FATHER
12. Name James A. Covington
13. Birthplace — (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) — (State or foreign country)

16. (a) Informant Emma Covington
(b) Address 2917 Rutger St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28-41 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director John P. Collins & Bro
(b) Address 928 N. Grand Blvd.

19. (a) MAY 26 1941 (Date received local registrar) (b) J. N. Bredick (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 25, year 1941 hour 6:55 minute A. M.

21. I hereby certify that I attended the deceased from May 12, 1941, to May 25, 1941; that I last saw him alive on May 25, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Arenia due to Chr. nephritis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 131

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature G E Twente M D (M. D. or other) 0
Address 1515 Lafayette Avenue, Date signed 5/26/41

(Licensed Embalmer's Statement on Reverse Side)

## 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. Dunbley

Licensed Embalmer No. 3657

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.**