

FILED MAR 2 1942
Registration District No. _____

Primary Registration District No. 200

Registrar's No. 428

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Koel
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Robert Koel Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 mo. 6 days
(Specify whether years, months or days) 19 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2729 A Lantana
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Augustus Everett Jr.
(b) If veteran, name war _____ (c) Social Security No. Will Call No. 14-18-50

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19 year 1942 hour 9 minute 15 p. M.
21. I hereby certify that I attended the deceased from June 13 1941 to February 19 1942
that I last saw him alive on February 19 1942
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race Negro 6. (a) Single, widowed, married, divorced, single
(b) Name of husband or wife Leola Everett 6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased October 16 1909
(Month) (Day) (Year)

Immediate cause of death Pulmonary tuberculosis

8. AGE: Years 32 Months 4 Days 3 If less than one day hr. _____ min. _____

Duration 17 1/2

9. Birthplace Rose Hill Miss.
(City, town, or county) (State or foreign country)

Other conditions Pulmonary lymphatic
(Include pregnancy within 3 months of death)

10. Usual occupation Chauffeur

Major findings: _____
Of operations _____
Of autopsy _____

11. Industry or business _____

MOTHER FATHER
12. Name Augustus Everett Jr.
13. Birthplace ala. (State or foreign country)
14. Maiden name Nancy McGee
15. Birthplace Rose Hill Miss. (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Hospital Record

(b) Address 2601 Whitney, St. Louis

17. (a) Burial (b) Date thereof 2-25-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Hus Lowe

(b) Address 2992 Dickson St.

19. (a) FEB 25 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

23. Signature Frank W. Hinberg M. D. or other) Med.

Address Robert Koel Hospital Date signed 2-19-42

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

600

628
M.C.B.

707

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 Chas. L. Howell
Licensed Embalmer No. 2452
P. O. Address 3028 Dickson

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.