

73
M-5-42
v. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31698

State File No.

FILED OCT 26 1942

Registration District No. ...

Primary Registration District No. ...

1003

Registrar's No. ...

8560

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
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 Days
(Specify whether years, months or days)
 In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
 (d) Street No. 1235A South 7th St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME William Franklin Avery

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Alice 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Feb. 19, 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>7</u>	<u>24</u>hr.min.

9. Birthplace Rushville, Ill.
(City, town, or county) (State or foreign country)
Carpenter

10. Usual occupation Unemployed - 10 Years

11. Industry or business Unemployed - 10 Years

12. Name Joseph Avery
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant Robert R. Avery
 (b) Address 1515 Missouri Ave.

17. (a) Burial (b) Date thereof St. Matthews
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director C. F. McLaughlin
 (b) Address 2301 Lafayette Ave.

19. (a) OCT 15 1942 (b) J. F. Bredick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13,
 year 1942 hour 8:30 minute A. M.

21. I hereby certify that I attended the deceased from October 10,
1942, to October 13,
1942, that I last saw h. im alive on October 13,
1942, and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic heart disease on nephrosclerosis.
 Duration

Due to
 Due to
 Other conditions 12/10
(Include pregnancy within 3 months of death)

Major findings:
 Of operations
 Of autopsy as above

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?

23. Signature Don M. Olsen (M. D. or other) 0
 Address 1515 Lafayette Avenue, Date signed 10/13/42
(Specify type of place) (e) Means of injury.

MAY 24 1945

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.....

Chas. Neighbors....., Registered Apprentice No. *319*
working under my personal supervision.

Signed *Paul A. Keith*.....

Licensed Embalmer No. *3612*.....

P. O. Address *2317 Lafayette*.....

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.