

FILED OCT 28 1942

Registration District No. 318

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3177 Brentner Pl 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 54 yrs years, months or days)

3. (a) PRINT FULL NAME Jeff Covington

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

4. Sex Male 5. Color or race Cal 6. (e) Single, widowed, married, divorced widow

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 10th 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 10 10 hr. min.

9. Birthplace Jackson Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation N/A

11. Industry or business _____

12. Name Jeff Covington

13. Birthplace Jackson Tenn
(City, town, or county) (State or foreign country)

14. Maiden name unk

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

16. (a) Informant Theophilus Hance

(b) Address 3177 Brentner Pl

17. (a) Burial (b) Date thereof 10-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director J. Randle & Son

(b) Address 3133 Bell ave

19. (a) OCT 21 1942 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3177 Brentner Pl 21
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 20
year 42 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Sept 10 1942 to 10/20/42 1942
that I last saw h. alive on 10/19/42 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease
Duration 4 yrs

Due to _____

Due to _____

Other conditions Chronic nephritis 4 years
(Include pregnancy within 3 months of death)

Major findings: Of operations 131

Of autopsy 131

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) Means of injury _____

23. Signature J. L. Walker (M. D. or other)
Address 909 E. Jefferson Date signed 10/20/42

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. J. Watson*
Licensed Embalmer No. *2694*
P. O. Address *2767 W. 10th St.*

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.