

FILED JAN 14 1943 318

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
4466 Swan /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John A. Everson

3. (b) If veteran, name war.....

3. (c) Social Security No. 489-03-0146

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

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

7. Birth date of deceased August 10, 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>4</u>	<u>23</u>hr.min.

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

10. Usual occupation Mill Hand

11. Industry or business Wiles Chipman Lumber Co.

12. Name Charles Everson

13. Birthplace..... Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace..... Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Everson

(b) Address 4466 Swan

17. (a) Burial (b) Date thereof 1/7/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Memorial Park

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) JAN 5 1943 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... 000
17

(c) City or town St. Louis (If outside city or town limits, write "RURAL")
9 18

(d) Street No. 4466 Swan (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3

year 1943 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death..... Coronary Sclerosis

Due to..... Arteriosclerosis

Due to..... PH

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

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?.....

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

23. Signature Alfred J. Perry (M. D. or other) 2013

Address Duffty Date signed 1/5/43

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.....

Harry Eynell

Licensed Embalmer No.....

1284

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.