. S. No. 2
0M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 3 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12103

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3865

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: Masonic Home of Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis 72
(If outside city or town limits, write "RURAL")

(d) Street No. 5351 Delmar Blvd
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Kathryn D. Everhart

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex f

5. Color or race w

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife William B. Everhart

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

7. Birth date of deceased March 3, 1873 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	1	22	hr. min.

9. Birthplace Callaway County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James Dunlap
13. Birthplace don't know 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susan Mosely
15. Birthplace don't know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Iva Hirsch

(b) Address 5351 Delmar, St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/43 (Month) (Day) (Year)

(c) Place: burial or cremation Fulton, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) APR 26 1943 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24. year 1943. hour 11. 15 minute P.M.M.

21. I hereby certify that I attended the deceased from April 17, 1943., 19 to April 24, 1943.; that I last saw her alive on April 24, 1943., 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Myocarditis	5 days
Due to: Diabetes Mellitus	6 Mths
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ----------
Of autopsy ----------

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 [signature] (M. D. or other)

Address 5087 Grand Blvd. Date signed 4-25-43

(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. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address.....

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.