

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18165  
Registrar's No. 19

Registration District No. 1962

Primary Registration District No. 3898

1. PLACE OF DEATH:

(a) County JEFFERSON  
(b) City or town RURAL ROCK TOWNSHIP  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
HOME NERR/KIMMSWICK Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether  
In this community 20 YEARS.  
years, months or days)

3. (a) PRINT  
FULL NAME

ALBERT JAMES AVERY

3. (b) If veteran,  
name war

3. (c) Social Security

No. 489-05-0843

4. Sex M 5. Color or race W  
6. (b) Name of husband or wife ETHEL MAY AVERY  
6. (c) Age of husband or wife if alive DECEASED years  
7. Birth date of deceased APRIL 15 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 1 5 hr. min.

9. Birthplace DUTCH HOLLOW ILLINOIS  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business COAL MERCHANT.

12. Name EDWARD AVERY  
13. Birthplace ENGLAND  
(City, town, or county) (State or foreign country)  
14. Maiden name SARAH MOORE  
15. Birthplace ENGLAND  
(City, town, or county) (State or foreign country)

16. (a) Informant CAPT. A. J. AVERY JR.  
(b) Address LAUGHLIN FIELD DEL RIO, TEXAS.

17. (a) BURIAL (b) Date thereof MAY 24 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PARK LAWN CEM. ST. LOUIS Mo

18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME

(b) Address KIMMSWICK Mo.

19. (a) 5/23/43 (b) Q. Clement  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County JEFFERSON  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. NEAR KIMMSWICK Mo.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20  
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from  
\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Inquest Held 5/21/43  
Jury Verdict  
Probable Heart Stroke

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 sta-  
tistically.

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 Q. Clement J.P. Acty Can  
(Date signed 5/23/43)

Address Kimmswick Date signed 5/23/43

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

*Arthur W. Hilgert*

Licensed Embalmer No.

*3872*

P. O. Address

*Kennswood Inc.*

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 162

Primary Registration District No. 0545

Registrar's No. 19

1. PLACE OF DEATH:

- (a) County Jefferson  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME

Albert J. Avery

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

3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

7. Birth date of deceased April 5, 1878  
(Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 18 If less than one day \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

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

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20  
year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Inquest Held 5/21/43

Due to \_\_\_\_\_

Jury Verdict

Due to Probable Heart Stroke

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? \_\_\_\_\_

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

23. Signature Ed Clement JR (M.D. or other) \_\_\_\_\_  
Address St. Louis Date signed 5/23/43

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

SUPPLEMENTAL

591815

C. H. Clements  
with cover  
Kempwood  
Pg 2.