S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42076

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2529

1. PLACE OF DEATH:
(a) County: St. Louis County
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Adm. Sept. 13, 1944 (Specify whether years, months or days)
In this community: unknown.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 000
(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No.: 1219 Armstrong Street 9
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: /

3. (a) PRINT FULL NAME: Lemon Covington
3. (b) If veteran, name war: World War #1
3. (c) Social Security No.: 490-22-6158
4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Essie
6. (c) Age of wife if alive: 47 years
7. Birth date of deceased: February (Month) 17, (Day) 1887 (Year)

8. AGE: Years 57 Months 9 Days 22 If less than one day hr. min.

9. Birthplace: Carroll County, (City, town, or county) Mississippi (State or foreign country)
10. Usual occupation: Shoe Worker
11. Industry or business: -
MOTHER FATHER
12. Name: Huston Covington
13. Birthplace: Mississippi (City, town, or county) (State or foreign country)
14. Maiden name: Lizzie Arrideg
15. Birthplace: Mississippi (City, town, or county) (State or foreign country)
16. (a) Informant: Essie Covington
(b) Address: Clinical Records, VAF, Jeff. Bks., Mo.
17. (a) Shipped (Burial, cremation, or removal) (b) Date thereof: Dec 16/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Winona Miss
18. (a) Signature of funeral director: F. A. Green
(b) Address: 2910 Franklin ave
19. (a) DEC 13 1944 (Date received local registrar) (b) E. D. McLaurin M.D. (Registrar's signature) Coroner

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9th, year 1944 hour 8:30 minute P. M.
21. I hereby certify that I attended the deceased from Sept. 13, 1944, to December 9, 1944 that I last saw him alive on December 9, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
TUMOR OF BLADDER, CARCINOMA.	Unknown
Due to -	
Due to -	
Other conditions: None. (Include pregnancy within 3 months of death)	

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Major findings:
Of operations: None.
Of autopsy: None.

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): no
(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: W. A. GERMAN, M. D. (M. D. or other)
Address: CHIEF MEDICAL OFFICER. Date signed: 12/11/44

(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 F. A. Green

Licensed Embalmer No. 2963

P. O. Address 290 Franklin

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.