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 JUN 25 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21209

Registration District No. 317 Primary Registration District No. 3062 Registrar's No. 1609

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Brentwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None - 8737 Radley Court
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Brentwood,
(If outside city or town limits, write "RURAL")
(d) Street No. 8737-Radley Court
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George H. Everett
3. (b) If veteran, name war None
3. (c) Social Security No. 492-07-4846
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gertrude Wood Everett
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased July (Month) 12 (Day) 1904 (Year)

8. AGE: Years	Months	Days	If less than one day
40	11	7	hr. min.

9. Birthplace St. Louis Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Accountant
11. Industry or business Lybrand, Ross Bros. & Montgomery
FATHER
12. Name Thomas Everett
13. Birthplace ? (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Losy
15. Birthplace ? (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mrs. G. H. Everett
(b) Address 8737 Radley Court, Brentwood, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery
18. (a) Signature of funeral director Schrader Funeral Home
(b) Address Ballwin, Mo.
19. (a) (Date received local registrar) (b) Dr. E. G. McGauran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1945 hour 11 minute 15 P. M.
21. I hereby certify that I attended the deceased from June 19, 1945, to June 19, 1945
that I last saw him alive on June 19, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Disease of the Coronary arteries (94) Thrombosis	Few hours
Due to 94a	
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 Carl C. Drutman (M. D. or other)
Address Webster Groves Date signed 6-20-45

707

(Licensed Embalmer's Statement on Reverse Side)

Carl C Irick
227 E. Lockwood

NOV 29 1950

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 Theo. Schrader

Licensed Embalmer No. 3066

P. O. Address Ballwin, 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.