

S. No. 2
00M-5-43
Rev. 5-17-39
I X36871

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25209**
Registrar's No. **5927**

FILED JUL 22 1946
318

Registration District No. **318** Primary Registration District No. **1003**

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

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: **Jewish Hospital**
(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)

In this community **Infant**
 years, months or days

3. (a) PRINTED FULL NAME **Baby Everett**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **----** years

7. Birth date of deceased **July 3 1946**
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
| | -- | -- | -- | 14 hr. min. |

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **-----**

11. Industry or business **-----**

MOTHER FATHER { 12. Name **Charles Everett**
 { 13. Birthplace **St. Louis County**
(City, town, or county) (State or foreign country)
 { 14. Maiden name **Juanita Morris**
 { 15. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles Everett**
 (b) Address **5206 Wren Ave.**

17. (a) **Burial** (b) Date thereof **July 5 '46**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Bromschwig Funeral Home**
 (b) Address **4746 W. Florissant Ave.**

19. (a) **JUL 5 1946** **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **5206 Wren Ave.**
(If rural, give location)
 (e) Citizen of foreign country? **--** (Yes or No) **--**
 If yes, name country **--**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **3** year **1946** hour **07** minute **50** P. M.

21. I hereby certify that I attended the deceased from **July 3** to **July 3** 19**46** that I last saw her alive on **July 3rd** 19**46** and that death occurred on the date and hour stated above.

Immediate cause of death **Congenital Heart Disease**

Due to.....

Due to.....

Other conditions **157**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....

Of autopsy **Congenital Heart Disease**

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?.....

23. Signature **Alan Jester M.D.** (M. D. or other) **7/5/46**
Specify type of place (c) Means of injury
 While at work?.....
 Address **727 Mo. Theater Bldg.** Date signed **7/5/46**

Dr. Leon Foster
Mr. Thea. Blay

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 W. Wilkinson
Licensed Embalmer No. 3575
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.