

FILED JUL 7 1947

Registration District No. **318** Primary Registration District No. **1005** Registrar's No. **8201**

1. PLACE OF DEATH:

(a) County **St. Louis MO**

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **# 5 N. 9th**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **St. Louis**

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

(d) Street No. **# 5 N. 9th**
(If rural, give location)

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

If yes, name country _____

In this community _____ years, months or days

3. (a) PRINT FULL NAME **EVERETT OMERY**

3. (b) If veteran, name was _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color of hair **White** 6. (a) Single Married Divorced

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

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years **80** Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____ (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 **Thos. F. G. [unclear]**

(b) Address **1300 [unclear]**

17. (a) **Anatomical Board** (b) Date of report **6-19-47**

18. (a) Signature of funeral director **J. F. Brudick** (b) Address **3500 Rutledge**

19. (a) **JUN 30 1947** (b) _____ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **8** year **1947** hour **10** minute **20** M. **am**

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 _____

Due to **Congestion of Right Leg**

Due to **ARTORIOSCLEROSIS**

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____

Of operations **97**

Of autopsy _____

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)

23. Signature **Albert E. [unclear]** (M. D. or other) _____

Address _____ Date signed **6/12/47**

PHYSICIAN
Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

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 _____

Harry A. Matto

Registered Apprentice No. 501

working under my personal supervision.

Signed _____

Arthur G. Hoffer

Licensed Embalmer No. 2971

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.

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