. S. No. 2
DM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2482

FILED FEB 9 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 939

1. PLACE OF DEATH:
(a) County
(b) City or town ST LOUIS (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MISSOURI PACIFIC HOSP (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)
In this community LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Oak
(c) City or town ST. LOUIS 17 (If outside city or town limits, write "RURAL")
(d) Street No. 3246 DELOR AVE 4 (If rural, give location)
(e) Citizen of foreign country? 15 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EVERDING, HENRY FREDERICK
3. (b) If veteran, name war NONE
3. (c) Social Security No.

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ROSA
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased AUG (Month) 16 (Day) 1874 (Year)

8. AGE: Years 73 Months ✓ Days 14 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)
10. Usual occupation R.R. CARPENTER
11. Industry or business RETIRED 7 YEARS
FATHER 12. Name HENRY F. EVERDING
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name MARY SCHULTZ
15. Birthplace GERMANY (City, town, or county) (State or foreign country)
16. (a) Informant HENRY EVERDING
(b) Address 3246 DELOR ST.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation SUNSET BURIAL PK.
18. (a) Signature of funeral director KRIEGSHAUSER
(b) Address 4208 S. KINGSHIGHWAY
19. (a) JAN 30 1948 (Date received by local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JAN day 30 year 1948 hour 5 minute 35 M.
21. I hereby certify that I attended the deceased from JAN 20, 1948, to JAN 30, 1948; that I last saw h. alive on JAN 29, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL HEMORRHAGE
Due to ARTERIOSCLEROSIS
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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 [illegible] (M. D. or other) MD
Address Mo Pac Hosp Date signed 1-30-49

Jefferson City Printing Co.
(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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.