

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.....

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

(c) Name of hospital or institution:
4544 Arlington
(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) 73 Years

In this community..... (Specify whether
years, months or days) 73 Years

3: (a) PRINT FULL NAME Louise Covington

3. (b) If veteran, name war.....

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harry B. Covington

6. (c) Age of husband or wife if alive..... years 75

7. Birth date of deceased January 18 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>2</u>	<u>15</u>	hr. min.

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

10. Usual occupation At Home

11. Industry or business.....

12. Name William Evering

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Sophia Puertner

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

16. (a) Informant Harry B. Covington Husband

(b) Address 4544 Arlington Avenue

17. (a) Burial (b) Date thereof April 6 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Beiderwieden Funeral Home

(b) Address 1936 St. Louis Avenue

19. (a) Apr 5 1948 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17

(d) Street No. 4544 Arlington Avenue
(If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1948 hour 10:00 minute A M.

21. I hereby certify that I attended the deceased from Sept
1946 to April 3 1948.

that I last saw her alive on April 13 1948
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cerebral thrombosis Duration 10 days

Due to Generalized arteriosclerosis uncalc

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death) 80

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?.....

Inc., (Specify type of place)
While at work?..... (e) Means of injury 0

23. Signature Wm. C. Macdonald (M. D. or other)
Address 539 N. Grand Date signed 4-5-48

Humboldt Bldg.
12:00 Noon Monday
Apr 5

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 Neal Paulson

Licensed Embalmer No. 4114

P. O. Address 1936 W. Linn Ave

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.