

Registration District No. 878

Primary Registration District No. 1003

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 27 days
(Specify whether years, months or days)

3: (a) PRINT FULL NAME John G. Avery

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

3. (c) Social Security No.

4. Sex Male 5. Color or race Col

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

6. (b) Name of husband or wife Arteria Avery

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

7. Birth date of deceased June 3 1908
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

40 x 6 hr. min.

9. Birthplace Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business.....

12. Name Alec Avery

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

14. Maiden name Hattie Mosely
(City, town, or county) (State or foreign country)

15. Birthplace Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Arteria Avery, wife

(b) Address 4254 W Evans

17. (a) BURIAL (b) Date thereof 6-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARK CEM

18. (a) Signature of funeral director A.F. WALTON

(b) Address 2707 STODARD ST.

19. (a) JUN 11 1948 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

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

(d) Street No. 4254 W Evans
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1948 hour 5 minute 30 a. m.

21. I hereby certify that I attended the deceased from May 13, 1948 to June 9, 1948;
that I last saw him alive on June 9, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death: Duodenal Ulcer; Hypertension Duration Undet.

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy..... None

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?.....

While at work?..... (Specify type of place)
(c) Means of injury.....

23. Signature Osceola Paulk (M. D. or other).....
Address 2601 N Whittier Date signed 6/9/48

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

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

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4049 St Ferdinand

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.