S. No. 300
DM—10-47
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 24 1948

Registration District No. 818

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 30989

Registrar's No. 8160

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: DePaul 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

2. USUAL RESIDENCE OF DEACESED:

(a) State Illinois (b) County Jackson 899

(c) City or town Ava
(If outside city or town limits, write "RURAL")

(d) Street No. R R 2
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Rezin Everts

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased November (Month) 15 (Day) 1875 (Year)

8. AGE: Years 72 Months 10 Days 0 If less than one day hr. min.

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

10. Usual occupation Printer

11. Industry or business

MOTHER FATHER

12. Name George Everts

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

14. Maiden name Emaline Bell

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

16. (a) Informant George Everts

(b) Address Ava, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-16-48 (Month) (Day) (Year)

(c) Place: burial or cremation Ava, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) SEP 17 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15 year 1948 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from 9-2-48, 19, to 9-15, 19; that I last saw h. alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchio-Pneumonia	4 days
Due to Complicating	
Due to Operation for Duodenal Ulcer	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Duodenal & Gastric Ulcer	
Of autopsy as above also - Chronic Nephritis	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. Thompson M.D. (M. D. or other)

Address 4952 Maryland Date signed 9/16/48

(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 Gustav W Meitzle

Licensed Embalmer No. 4329

P. O. Address St. Louis, Mo

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.