

FILED DEC 12 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39728**
04632
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) Years		d. STREET ADDRESS (If rural, give location) 2009 STILLWATER	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2009 STILLWATER		d. STREET ADDRESS (If rural, give location) 2009 STILLWATER	
3. NAME OF DECEASED (Type or Print) MAUREEN - EVERTZ		4. DATE OF DEATH (Month) (Day) (Year) DEC. 7 1949	
5. SEX FEMALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH APRIL 11 1949	
9. AGE (In years last birthday) 7		10. IF UNDER 1 YEAR (Month) (Day) (Year) 7 26	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) ST. LOUIS MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME OLIVER EVERTZ		13b. MOTHER'S MAIDEN NAME JUNE EVERTZ	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME OLIVER EVERTZ	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		18. MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Spinal meningitis		INTERVAL BETWEEN ONSET AND DEATH 3 days	
ANTECEDENT CAUSES		DUE TO (b) Spina Bifida	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (c) None	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INFORMANT'S SIGNATURE OR NAME 340.3	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Apr. 11th, 1949 , to Dec 7th, 1949 , that I last saw the deceased alive on Dec 6th, 1949 , and that death occurred at 5⁰⁰ A.M. , from the causes and on the date stated above.			
23a. SIGNATURE Herbert R. Dunkel		23b. ADDRESS 5003^a Brown Ave	
23c. DATE SIGNED 12/7/49		24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL	
24b. DATE DEC. 9 1949		24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PK.	
24d. LOCATION (City, town, or county) (State) ST. LOUIS MO		DATE REC'D BY LOCAL REG. DEC 8 1949	
REGISTRAR'S SIGNATURE Herbert R. Dunkel		FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis	
ADDRESS 2906 Brown		ADDRESS	

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

(Licensed Embalmer's Statement on Reverse Side)

5003 - 211-1111
D.C. 2/20
2:20 1:00
6:26 8:00

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Leo J. Budde

Signed.....

Student Embalmer

Licensed Embalmer No. 3989

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.