

No. 300
10-48

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11498
State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 613

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>JEFFERSON BARRACKS</u>		c. LENGTH OF STAY (In this place) <u>94 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP.</u>		d. STREET ADDRESS (If rural, give location) <u>6273A Delmer</u>	

3. NAME OF DECEASED (Type or Print) <u>EVERETT</u>	a. (First) <u>EVERETT</u>	b. (Middle) <u>H.</u>	c. (Last) <u>JOHN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 7, 1950</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>February 19, 1888</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 1 YEAR Days <u>18</u>	IF UNDER 1 YEAR Hours <u>59</u>	IF UNDER 1 YEAR Min. <u>1</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. James, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Albert F. John</u>	13b. MOTHER'S MAIDEN NAME <u>Josephine Chambers</u>	14. NAME OF HUSBAND OR WIFE <u>Jennie John</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 12-4-13/6-4-20</u>	16. SOCIAL SECURITY NO. <u>UNK</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS, JEFF. BRKS, MO.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complications which caused death.</i>	19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>VENTRICULAR FIBRILLATION</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>AORTIC & MITRAL STENOSIS</u> DUE TO (c) <u>RHEUMATIC HEART DISEASE, INACTIVE</u> II. OTHER SIGNIFICANT CONDITIONS <u>PULMONARY TUBERCULOSIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>110XA</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>110X</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12-4, 1949, to 3-7, 1950, that ~~death~~ the deceased died on ~~12-4~~, and that death occurred at 9:45A m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. S. Stureck MD.</u>	(Degree or title) <u>MD., PROF. SVCS.</u>	23b. ADDRESS <u>JEFFERSON BARRACKS, MISSOURI</u>	23c. DATE SIGNED <u>3-8-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3-9-50</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Vichy Mo</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>MAR 9 1950</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>ROYLAND MORTUARY FOR NULL & SONS, ROLLA, MO.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.

Signed.....
Student Embalmer

Signed..... *J Allen Lewis*
Student Embalmer No.....
Licensed Embalmer No. *40530*

P. O. Address..... *St. Paul*

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.

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