

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6049

FILED MAR 7 1951

State File No.

1901

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

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|--|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. | | b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital | | d. STREET ADDRESS (If rural, give location) 18 4340 Arco Ave. | | 2149 | |

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|---|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) L. c. (Last) EVERKER | | | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 25 1951 | | |
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|----------------|---------------------------|---|-----------------------------------|------------------------------------|------------------------|----------------------|-----------------------|----------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower | 8. DATE OF BIRTH Dec. 13, 1866 | 9. AGE (In years last birthday) 84 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
|----------------|---------------------------|---|-----------------------------------|------------------------------------|------------------------|----------------------|-----------------------|----------------------|

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|---|--|---|--|--|--|------------------------------|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 20 Yrs. - Liggett-Myers Tob. Co. | | 10b. KIND OF BUSINESS OR INDUSTRY St. Louis, Mo. | | 11. BIRTHPLACE (State or foreign country) Mo. | | 12. CITIZEN OF WHAT COUNTRY? | |
|---|--|---|--|--|--|------------------------------|--|

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|-------------------------------------|--|--|--|---|--|
| 13a. FATHER'S NAME Anton Everker | | 13b. MOTHER'S MAIDEN NAME Mary Minkhaus | | 14. NAME OF HUSBAND OR WIFE Late Helen Everker | |
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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) No | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Charles H. Everker | | ADDRESS 4332 Manchester | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
|---|--|--|--|--|--|----------------------------------|--|

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|------------------------|--|----------------------------------|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input 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) (m.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 4500- | |
|--|--|--|--|-------------------------------------|--|

22. I hereby certify that I attended the deceased from 1-2-8, 1947 to 2-25, 1951, that I last saw the deceased alive on 2-25, 1951, and that death occurred at 1:25 p.m., from the causes and on the date stated above.

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|---|--|---------------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE <u>Wm B Karentz, D.M.D.</u> (Degree or title) | | 23b. ADDRESS <u>4500 Olive St.</u> | | 23c. DATE SIGNED <u>2/27</u> | |
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|---|--|----------------------------|--|--|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Feb. 28, 1951 | | 24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cem. | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | |
|---|--|----------------------------|--|--|--|---|--|

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| DATE REC'D BY LOCAL REG. FEB 26 1951 | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser | | ADDRESS 4228 S. Kingshighway Bl. | |
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(Licensed Embalmer's Statement on Reverse Side)

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

123 8000 001 4

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

Edwin M. Stewart

Signed.....
Student Embalmer

Licensed Embalmer No. 3024

P. O. Address _____

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.