

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10062**
2874

1003

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

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri 2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 4666 Page	
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) Lee	
c. (Last) Everett		4. DATE OF DEATH (Month) (Day) (Year) March 21 1951	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 24, 1917
9. AGE (In years last birthday) 33		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter	11. BIRTHPLACE (State or foreign country) Pine Bluff, Arkansas / m
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Walter L. Everett e	
13b. MOTHER'S MAIDEN NAME Lena Lindsey		14. NAME OF HUSBAND OR WIFE Lee Nonett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Lena Everett		ADDRESS 4666 Page	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Tuberculous Peritonitis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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) _____	
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? _____			
22. I hereby certify that I attended the deceased from 2-19 , 19 51 , to 3-21 , 19 51 , that I last saw the deceased alive on 3-21 , 19 51 , and that death occurred at 5:25p m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Charles J. Thompson M. D.		23b. ADDRESS 2601 N Whittier St	
23c. DATE SIGNED 3-26-51		24a. BURIAL, CREMATION REMOVAL (Specify) Burial	
24b. DATE 3-27-51		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County		25. FUNERAL DIRECTOR'S SIGNATURE E.B. Kover	
DATE/REC'D BY LOCAL REG. 4/18 26 1951		ADDRESS 1221 N. Grand	

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.....

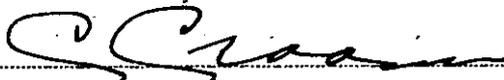
..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed.....



Licensed Embalmer No. 4755

P. O. Address 12217 Green

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.