

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20144

State File No. ....

BIRTH NO. .... REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4838**

1. PLACE OF DEATH a. COUNTY <i>St. Louis, Mo.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <i>Ill.</i> b. COUNTY <i>ST. CLAIR</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Missouri Pacific Hospital</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>E. St. Louis</i>	
d. STREET ADDRESS (If rural, give location) <i>2744-A - Bond Ave.</i>		8120	
3. NAME OF DECEASED (Type or Print) a. (First) <i>William</i> b. (Middle) <i>Clyde</i> c. (Last) <i>Avett.</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>5-30-54</i>	
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <i>7-12-1896</i>
9. AGE (In years last birthday) <i>57</i>		10. AGE (In years last birthday) Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>ENGINEER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>RAILROAD</i>	
11. BIRTHPLACE (City and State or Foreign Country) <i>ANNA, ILLINOIS</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13a. FATHER'S NAME <i>GEORGE AVETT</i>		13b. MOTHER'S MAIDEN NAME <i>MARY L FROST</i>	
14. NAME OF HUSBAND OR WIFE <i>SARAH AVETT.</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>UNKNOWN</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>John J. Avett, E. St. Louis</i>		ADDRESS <i>E. St. Louis</i>	
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) <i>Uremia</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>Ch. Glomerulonephritis</i> <i>Ch. Cholecystitis + Cholelithiasis</i> ?Ca of HB - ?Ca of Stomach. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		<i>584XH</i>	
22. I hereby certify that I attended the deceased from <i>13 May, 1954</i> , to <i>5-30</i> , 19 <i>54</i> , that I last saw the deceased alive on <i>5-30</i> , 19 <i>54</i> and that death occurred at <i>9:45 A.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Charles Monroe</i>		(Degree or title) 23b. ADDRESS <i>1755 80. Grand</i>	
23c. DATE SIGNED <i>5/31/54</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>		24b. DATE <i>6-1-54</i>	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <i>EAST ST. LOUIS, ILL</i>	
DATE REC'D BY LOCAL REG. <i>JUN 1 1954</i>		REGISTRAR'S SIGNATURE <i>J. Earl Smith, Md</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>J. Early</i>		ADDRESS <i>E. ST. LOUIS, ILL</i>	

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

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 \_\_\_\_\_

*Not Embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Joseph J. [Signature]*

Licensed Embalmer No. 144. 7541

P. O. Address. East St. Louis, Ill.

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.