

FILED APR 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10681

State File No. ....

BIRTH NO. 9434-56 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>		c. CITY OR TOWN <u>ST LOUIS</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) <u>23 1024 ALLEN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DEACONESS HOSPITAL</u>		22390	
3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u> b. (Middle) <u>GERARD J</u> c. (Last) <u>EVERDING</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 22 1956</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>FEB 6-1956</u>
9. AGE (In years last birthday)	10. USUAL OCCUPATION (His kind of work done during most of working life, even if retired) <u>NONE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST LOUIS MO</u>	12. CITIZEN OF WHAT COUNTRY?
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	

13a. FATHER'S NAME <u>FRANK EVERDING</u>	13b. MOTHER'S MAIDEN NAME <u>MARY WANKO</u>	14. NAME OF HUSBAND OR WIFE
------------------------------------------	---------------------------------------------	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>FRANK EVERDING</u> ADDRESS <u>1024 ALLEN AVE</u>
-------------------------------------------------------------------	-------------------------------------	---------------------------------------------------------------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malrotation of small intestine;</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 mo 10 d</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>volvulus</u> DUE TO (c) <u>Malrotation of small intestine; Starvation</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cong. Heart Disease</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Cong. heart dis.</u>	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 Feb 6 1956 to Mar 22 1956, that I last saw the deceased alive on 3/22 1956, and that death occurred at 10:05 A.M. from the causes and on the date stated above.

23a. SIGNATURE <u>Geo. H. Becker</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>4500 Olive St Louis 8 Mo</u>	23c. DATE SIGNED <u>3/22/56</u>
--------------------------------------	-----------------------------	----------------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MARCH 23 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION-CEM</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>
---------------------------------------------------------	--------------------------------	------------------------------------------------------------	-------------------------------------------------------------------

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>MAR 23 1956</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kurtis</u> ADDRESS <u>2906 Gravois</u>
--------------------------------------------------------------	-----------------------------------------------------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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 ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Leo J. Bredt*.....  
Licensed Embalmer No. *39*  
P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.