

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24897

State File No. ....

FILED JUL 20 1956

1003

Registrar's No. **6107**

BIRTH NO. **90885-55** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. ....

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LOUIS CHILDREN'S HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>19 4178 DELMAR 21990</b>	
3. NAME OF DECEASED a. (First) <b>PRESHUS</b> b. (Middle) <b>JEWEL</b> c. (Last) <b>COVINGTON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6 28 56</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>COLORED</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>12-14-55</b>
9. AGE (In years last birthday) <b>6</b> IF UNDER 1 YEAR Months <b>14</b> IF UNDER 1 HR. Hours <b>15</b> Min.		9. AGE (In years last birthday) <b>6</b> IF UNDER 1 YEAR Months <b>14</b> IF UNDER 1 HR. Hours <b>15</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>LUCIUS COVINGTON</b>		13b. MOTHER'S MAIDEN NAME <b>ODESSIE CAMPBELL</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>ST. LOUIS CHILDREN'S HOSPITAL 500 S. KINGSHIGHWAY</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congenital Heart Disease</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>754.4</b>	
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 <b>6-14</b> , 19 <b>56</b> , to <b>6-28</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>6-28</b> , 19 <b>56</b> , and that death occurred at <b>5:35 a. m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>J. Earl Smith M.D.</b> (Degree or title)		23b. ADDRESS <b>500 S. Kingshighway ST. Louis 10, Mo.</b>	
23c. DATE SIGNED <b>6-28-56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>June 28 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Co. Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J.H. Randle &amp; Son 3133 Bell Ave</b>	
DATE REC'D BY LOCAL REG. <b>JUN 28 1956</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>	

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

*Not Embalmed*  
Signed *Joe H. Randk*.....  
Licensed Embalmer No. ....

P. O. Address *3133 Bell*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.