

No. 2
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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27024

FILED SEP 17 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6816

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town. St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day
(Specify whether

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Mollie Evans

(b) If veteran, name war NO

(c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LEROY EVANS

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased NOV 20 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>9</u>	<u>0</u>hr.min.

9. Birthplace ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business OWN

12. Name W^M SIMON

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name SADIE MARLOW

15. Birthplace ILLINOIS
(City, town, or county) (State or foreign country)

16. (a) Informant Florence Mathews

(b) Address 2839 ST VINCENT AV

17. (a) SHIPPED (b) Date thereof AUG 22-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pineknysville Ill

18. (a) Signature of funeral director E. J. Schenur

(b) Address 3125 Lafayette Ave

19. (a) AUG 22 1941 (b) J. Budeck
(Date of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST. LOUIS 23
(If outside city or town limits, write "RURAL")

(d) Street No. 2839 ST. VINCENT AV
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20,
year 1941 hour 9:50 minute P M.

21. I hereby certify that I attended the deceased from August
20, 1941 to August 20, 1941;
that I last saw her alive on August 20, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of recto-sigmoid

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy same

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature Joseph E. Tonkaerel (M. D. or other) (C)

Address 1515 Lafayette Date signed 8/21/41

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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Joseph Hollmer
Licensed Embalmer No. 4014
P. O. Address 3125 Lafayette Ave

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.