

FILED DEC 11 1943

Registration District No.

Primary Registration District No. 6176

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Sherwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Miller Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Year
(Specify whether
In this community 5 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 720 Erskine Avenue
(If rural, give location)
(e) Citizen of foreign country? ----- (Yes or No)
If yes, name country -----

3. (a) PRINT FULL NAME

Lillie Evans

3. (b) If veteran,

name war ---

3. (c) Social Security

No. ---

4. Sex

Female

5. Color or

race White

6. (a) Single, widowed, married,

divorced Married

6. (b) Name of husband or wife

Alfred

6. (c) Age of husband or wife if

alive 70 years

7. Birth date of deceased

March 22, 1867

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

76

8

10

hr.

min.

9. Birthplace

Missouri

(City, town, or county)

(State or foreign country)

10. Usual occupation

Housewife at home

11. Industry or business

720 Erskine

12. Name Robert Dieckgraefe

13. Birthplace Germany

(City, town, or county)

(State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany

(City, town, or county)

(State or foreign country)

16. (a) Informant Alfred Evans

(b) Address 720 Erskine Avenue

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof Dec 4, 1943

(Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Avenue

19. (a) DEC - 6 1943

(Date received local registrar)

(b) E. J. McHarran, M.D.

(Registrar's signature)

75

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2
year 1943 hour 2:45 minute 0 A.M.

21. I hereby certify that I attended the deceased from Dec
Dec 2, 1943, to December 2, 1943;
that I last saw her alive on November 27, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes
Hemiplegia

Duration

Due to Arterio-sclerosis

Due to Dementia

Other conditions
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations 61

Of autopsy No.

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?

(Specify type of place)
While at work? _____ (e) Means of injury 0

23. Signature J. J. Meredith (M. D. or other) MD
Address 1209 N. Kings Highway Date signed 12-3-43

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

MOTHER FATHER

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.....

Oliver E. Fendley

Licensed Embalmer No.....

P. O. Address.....

Home 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.