

FILED FEB 28 1944 18

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute City Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4109 Nebraska Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Judith Ann Evans

3. (b) If veteran, name war

None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased

Nov 29
(Month) (Day) (Year)

1943
(Year)

8. AGE:

Years

Months

Days

If less than one day

0

2

16

hr.

min.

9. Birthplace

St. Louis

(City, town, or county)

Missouri

(State or foreign country)

10. Usual occupation

Infant

11. Industry or business

MOTHER FATHER

12. Name Edward Evans

13. Birthplace Long Beach

(City, town, or county)

Cal

(State or foreign country)

14. Maiden name Geraldine Rainey

15. Birthplace

Mill Creek

(City, town, or county)

Missouri

(State or foreign country)

16. (a) Informant

Edwards Evans

(b) Address

4109 Nebraska

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

2/17/44

(Month) (Day) (Year)

(c) Place: burial or cremation

St. Matthews

18. (a) Signature of funeral director

A. W. McHughlin

(b) Address

2301 Lafayette Ave

19. (a)

FEB 15 1944

(Date received local registrar)

J. F. Buresh

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 15
year 44 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Bronchopneumonia

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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)
Means of injury _____

23. Signature Alfred Perry (M.D. or other) _____

Address _____ Date signed 2/15/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed L. R. Cooper.....

Licensed Embalmer No. 3633.....

P. O. Address. 2317 Lafayette.....

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.