. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 25 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31846

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8992

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:
5601 Washington Court
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 517
(If outside city or town limits, write "RURAL")

(d) Street No. 5601 Washington Court 9
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME MARY EVANS

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased 9 (Month) 12 (Day) 1873 (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	1	5	hr. min.

9. Birthplace New Canton (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Ret'd Teacher

11. Industry or business Beaumont High School

FATHER
12. Name Dr. John Wesley Evans
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Martha Jackson
15. Birthplace New Canton (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Dr. J. W. Evans
(b) Address Clarendon, Texas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-19-1945 (Month) (Day) (Year)
(c) Place: burial or cremation New Canton, Illinois

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd.

19. (a) OCT 18 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17
year 1945 hour 7:30 minute A M.

21. I hereby certify that I attended the deceased from 1/1/2, 1945 to Oct 17, 1945;
that I last saw her alive on Oct 11, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis Chart 273

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature D. C. Todd (M. D. or other) M.D.
Address Community Club Bldg. Date signed 10/18/45

(Licensed Embalmer's Statement on Reverse Side)

D.C. Todd.
Univ. club Bldg.
1-9-PM.
J.E. 1531

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 Jos. E. McCullough

Licensed Embalmer No. 2460

P. O. Address 6175 Pillsbury

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.