

S. No. 2
M-5-43
7-5-17-39
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State File No. _____

FILED DEC 28 1945

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 10855

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 TO HOMER G. PHILLIPS HOSP
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 6 YRS 3 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County _____
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2225 CASS
(If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MAGGIE EVANS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race COL 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April - 1900
(Month) (Day) (Year)

8. AGE: Years 45 Months 8 Days ? If less than one day hr. _____ min. _____

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

10. Usual occupation DOMESTIC

11. Industry or business _____

12. Name SYLVESTER CARTER

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

14. Maiden name MARGARET MOORE

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

16. (a) Informant OLLIE MILLER

(b) Address 2225 CASS AVE.

17. (a) BURIAL (b) Date thereof 12/18/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem. ELLIS FUN. HOME

18. (a) Signature of funeral director _____

(b) Address 2820 STODDARD

19. (a) DEC 13 1945 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 10
year 1945 hour 5 minute 41 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Nervo Pericardium following
ruptures Aorta
syphilitic indicated

Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death) None

Major findings: _____
Of operations _____
Of autopsy _____
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 A. Fred J. Berg (M. D. or other) _____
Address Deputy Coroner Date signed 12/18/45

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 L. Boykin

Registered Apprentice No. my

working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2946

P. O. Address St. Louis Mo

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.