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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 24 1946

Registration District No.

Primary Registration District No. 6076

Registrar's No. 1307

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

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3921 N. 19th. St. 7
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ella Evans

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Wash Evans 6. (c) Age of husband or wife if alive Decd. years

7. Birth date of deceased Jan. 11th. 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 5 2 hr. min.

9. Birthplace Graves County, Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name James Evins
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Bozey Evans
(b) Address 3921 N. 19th. St.

17. (a) Burial (b) Date thereof 6-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Robertsville, Mo.

18. (a) Signature of funeral director Suedmeyer & Sons.

(b) Address 3934 N. 20th. St.

19. (a) 6-18-46 (b) E. A. McNamee
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1946 hour 4:30 minute P M.

21. I hereby certify that I attended the deceased from Feb 3
7 1946 to June 13 1946

that I last saw her alive on June 13 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____

ch. myocarditis

Due to 93-d

Senility

Due to _____

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

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)
(c) Means of injury _____

23. Signature E. A. McNamee (M. D. or other) MD
Chap. Comm. No. 6:14-46
Address _____ Date signed _____

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

Signed G. A. Smithers
Licensed Embalmer No. 3916
P. O. Address 3934 N. 20 St.

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.