No. 2
1/47
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 4 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 6329

Registrar's No. 1792

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: Homer G Phillips Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 days (Specify whether years, months or days)

In this community: 18 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No.: 4713 Newberry (If rural, give location) 4/0

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(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 2

5. Color or race: Col.

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Roy Evans

6. (c) Age of husband or wife if alive: 48 years

7. Birth date of deceased: September (Month) 17 (Day) 1900 (Year)

8. AGE: Years 47 | Months 5 | Days 0 | If less than one day: hr. min.

9. Birthplace: Clarendon, (City, town, or county) Arkansas (State or foreign country) 1

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Morris Castle
13. Birthplace: Clarendon (City, town, or county) Ark. (State or foreign country) 1

MOTHER
14. Maiden name: Maude Johnson
15. Birthplace: Stuttgart (City, town, or county) Ark. (State or foreign country) 1

16. (a) Informant: Roy Evans

(b) Address: 4713 Newberry Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/23/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Washington Park Cemetery

18. (a) Signature of funeral director: Ellis Funeral Home

(b) Address: 2820 Stoddard St.

19. (a) FEB 2 1 1948 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17 year 1948 hour 8 minute a M.

21. I hereby certify that I attended the deceased from Feb. 14, 1948 to Feb. 17, 1948 that I last saw him alive on Feb. 17, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CEREBRAL THROMBOSIS	Undet.
Due to	
Due to	
Other conditions: None (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: No

PHYSICIAN — Underline the cause of 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: Oscar L David (M. D. or other)

Address: 2601 N Whittier Date signed: 2/19/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Fulton E. Culkin

Licensed Embalmer No. 498

P. O. Address St Louis 13 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.