S. No. 2
I—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 30 1948

Registration District No. 319

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 114059

Registrar's No. 3811

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Peoples Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days (Specify whether years, months or days)
In this community 17 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Madison
(c) City or town Madison
(If outside city or town limits, write "RURAL")
(d) Street No. 911 Bissell (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Clemmie Evans
3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Burton Evans
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased May (Month) 7 (Day) 1904 (Year)

8. AGE: Years 43 Months 11 Days 14 If less than one day hr. min.

9. Birthplace Holly Springs (City, town, or county) Miss. (State or foreign country)
10. Usual occupation Housework
11. Industry or business at home

FATHER
12. Name Emmett McKinney
13. Birthplace Holly Springs (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Ora (maiden name unknown)
15. Birthplace Holly Springs (City, town, or county) Miss. (State or foreign country)

16. (a) Informant Burton Evans
(b) Address 911 Bissell, Madison, Ill.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Apr. 22-48 (Month) (Day) (Year)
(c) Place: burial or cremation East St. Louis, Ill.
18. (a) Signature of funeral director J. Marshall
(b) Address 2205 Mo. Ave, East St. Louis, Ill.
19. (a) APR 22 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1948 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from April 9, 1948 to April 21, 1948 that I last saw her alive on April 21, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lupus Erythematosus Disseminatus	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

23. Signature Charles Weber M.D. (M. D. or other)
Address 2337 Market St. Date signed 4-22-48

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 Me

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

working under my personal supervision.

Signed Ben. H. Baldwin

Licensed Embalmer No. 2420

P. O. Address E. St Louis Ills.

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.