FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17584

FILED JUN 12 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5135

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: HOMER G PHILLIPS O (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 MO (b) County

(c) City or town ST LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 4046 a ST. FERDINAND (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Edward Gevins Jr

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 2

5. Color or race Col

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

6. (b) Name of husband or wife ESTELLA GEVINS

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased JUNE (Month) 2 (Day) 1902 (Year)

8. AGE: Years	Months	Days	If less than one day
46	11	29	hr. min.

9. Birthplace WEBSTER GROVE (City, town, or county) MO (State or foreign country)

10. Usual occupation LABOR.

11. Industry or business

FATHER

12. Name EDWARD GEVINS

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

MOTHER

14. Maiden name MATILA

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

16. (a) Informant ESTELLA GEVINS

(b) Address 4046 a ST. FERDINAND

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof June 6, 48 (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARK

18. (a) Signature of funeral director F. A. GREEN

(b) Address 4244 DELMAR BLVD

19. (a) JUN 4 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 1 year 1948 hour 6:15 minute a 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.

	Duration
Immediate cause of death Cardio Vascular Renal Disease	
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 Patrick E Taylor (M. D. or other)

Address Dyer Date signed 6/2/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No. 2963

P. O. Address 4214 Delmar

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.