

FILED MAR 5 1949

STANDARD CERTIFICATE OF DEATH

State File No. **6137**
Registrar's No. **1780**

REG. DIST. NO. **318** PRIMARY-REG. DIST. NO. **1003**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY-REG. DIST. NO. **1003** Registrar's No. **1780**

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

1. PLACE OF DEATH a. COUNTY <u> </u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>MAH</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>4 days</u>		d. STREET ADDRESS (If rural, give location) <u>3442 Alberta</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u>	b. (Middle) <u> </u>	c. (Last) <u>Evertz</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>February 23, 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>5/15/1875</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Paper-Jobber</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Frederick Evertz</u>	13b. MOTHER'S MAIDEN NAME <u>Amelia Stoecker</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Evertz</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>self</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Rose Evertz</u>	ADDRESS <u>3442 Alberta</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma of rectum</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Hb</u> <u>1 1/2 X</u> DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Recto-vesical fistula</u>		<u>9 mo</u>	

19a. DATE OF OPERATION <u>2/23/49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Fixed mass in pelvis involving rectum & bladder</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Feb. 19, 1949, to Feb. 23, 1949, that I last saw the deceased alive on Feb. 23, 1949, and that death occurred at 11:30am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lawrence W. O'Neal M.D.</u>	23b. ADDRESS <u>Barnes Hospital,</u>	23c. DATE SIGNED <u>2/23/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/26/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Picker</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
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DATE REC'D BY LOCAL REG. <u>FEB 25 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Laater</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>WM SCHUMACHER</u>	ADDRESS <u>3013 MERAMEC</u>
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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 _____

Jack Haupt

Student Embalmer No. *231*

working under my personal supervision.

Student

Jack Haupt
Student Embalmer

Signed

Francis Williamson

Licensed Embalmer No.

3565

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.