

FILED APR 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13738

State File No. 3440

BIRTH NO. 49-024531 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3440

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo		b. COUNTY ST. LOUIS		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 1 DAY		c. CITY (If outside corporate limits, write RURAL and give township) OVERLAND Mo		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes		d. STREET ADDRESS (If rural, give location) 1				
3. NAME OF DECEASED (Type or Print) a. (First) THOMAS		b. (Middle) E		c. (Last) EVANS		
4. DATE OF DEATH (Month) (Day) (Year) 4-14-49		5. SEX MALE		6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH 4-13-49		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis Mo		
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME JAMES E. EVANS		13b. MOTHER'S MAIDEN NAME MARY M. NOUNAN		
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		
17. INFORMANT'S SIGNATURE OR NAME James T. Evans		ADDRESS				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhagic disease of Newborn ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity. 1 1/2 y DUE TO (c) Heart disease in mother.			INTERVAL BETWEEN ONSET AND DEATH 12 hrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
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?		
22. I hereby certify that I attended the deceased from April 13, 1949, to April 14, 1949, that I last saw the deceased alive on April 14, 1949, and that death occurred at 5:55 p.m., from the causes and on the date stated above.						
23a. SIGNATURE Melvin A. Roblee M.D.		(Degree or title)		23b. ADDRESS 3720 Washington		
23c. DATE SIGNED 4-16-49		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-18-49		
24c. NAME OF CEMETERY OR CREMATORY CALVARY		24d. LOCATION (City, town, or county) St. Louis		(State)		
DATE REC'D BY LOCAL REG. APR 17 1949		REGISTRAR'S SIGNATURE J. B. Lawrence		25. FUNERAL DIRECTOR'S SIGNATURE Arthur W. Kelly 4386 Lindell		
ADDRESS		ADDRESS				

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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.....

No Embalmer

Student Embalmer No.

working under my personal supervision.

Signed.....

James A. Lammer

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

Signed.....
Student Embalmer

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.