

FILED MAY 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18076

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6576		Registrar's No. 1167	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Lemay 23)		c. LENGTH OF STAY (In this place) C (township)		c. CITY (If outside corporate limits, write RURAL and give township) Lemay 23, Mo.			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hosp.				d. STREET ADDRESS (If rural, give location) 141 Kayser Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Dorothy			b. (Middle) A.		c. (Last) Evans		4. DATE OF DEATH (Month) (Day) (Year) May 11 1949
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 8, 1903		9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Brazil, Indiana		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Sam Abrams		13b. MOTHER'S MAIDEN NAME Lennie Barry		14. NAME OF HUSBAND OR WIFE Sidney Evans			
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 ADDRESS Sidney Evans, 141 Kayser			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) barbiturate and alcohol poisoning- after taking an undetermined number of sleeping tablets ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 163 lb 9.970 B						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lemay St. Louis Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5 11 49 a.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Overdose of sleeping tablets			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) André J. Willmann coroner				23b. ADDRESS Clayton, Mo.		23c. DATE SIGNED 5/13/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5-13-49	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cem.		24d. LOCATION (City, town, or county) (State) Lemay 23, Mo.		
DATE REC'D BY LOCAL REG. 5-13-49		REGISTRAR'S SIGNATURE Theresa [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fendler Und. Co., 7420 Michigan			

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.....

Student Embalmer No.

working under my personal supervision.

Signed.....

W E Morris

Signed.....

Student Embalmer

Licensed Embalmer No. 3360

P. O. Address.....

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.