

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

24769
6233

State File No.

No. 300
10-48

FILED JUL 30 1949

318

1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give town or township) St Louis		c. LENGTH OF STAY (In this place) 9 days		c. CITY (If outside corporate limits, write RURAL and give township) St Louis					
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 22 127 Convent					
3. NAME OF DECEASED (Type or Print) a. (First) Tommie			b. (Middle) _____		c. (Last) Evans		4. DATE OF DEATH (Month) (Day) (Year) July 12 1949		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 4, 1895		9. AGE (In years last birthday) 54 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil			10b. KIND OF BUSINESS OR INDUSTRY Nil		11. BIRTHPLACE (State or foreign country) Louisiana			12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Smith Evans			13b. MOTHER'S MAIDEN NAME Luticia Williams			14. NAME OF HUSBAND OR WIFE --			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 499-14-9975		17. INFORMANT'S SIGNATURE OR NAME Annie Hull 118 1/2 Channing				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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease				Antecedent Causes DUE TO (b) Arteriosclerotic Brain Disease				Unk	
DUE TO (c) Arteriosclerotic Ulcers Both Legs				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Unk	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) St Louis		STATE Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4500					
22. I hereby certify that I attended the deceased from July 3, 1949 , to July 12, 1949 , that I last saw the deceased alive on July 12, 1949 , and that death occurred at 8:15 Am. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) James T. Hedrick M.D.				23b. ADDRESS 2601 N Whittier St			23c. DATE SIGNED 7-18-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE 7-19-49		24c. NAME OF CEMETERY OR CREMATORY Oakdale Cem		24d. LOCATION (City, town, or county) (State) St Louis, Mo			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE McClain & Raudcher			ADDRESS 9703 Chouteau Ave				

(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 _____

Student-Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Leroy W. Fannister

Licensed Embalmer No. 4523

P. O. Address 3850 Eaton Ave

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.