

FILED JAN 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12450
11368

318

1003

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

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		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 township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		600 7 4	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2748 Walnut Street				e. STREET ADDRESS (If rural, give location) 2748 Walnut Street			
3. NAME OF DECEASED (Type or Print) Lizzie		a. (First)		b. (Middle)		c. (Last) Evans	
4. DATE OF DEATH Dec. 29 1949		4. DATE (Month) (Day) (Year)		5. SEX Female B		6. COLOR OR RACE Negro	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 19 1883		9. AGE (In years last birthday) 66		10. IF UNDER 1 YEAR Months 10	
11. IF UNDER 1 YEAR Days 10		11. IF UNDER 1 MIN. Hours 10		11. BIRTHPLACE (State or foreign country) Paducah, Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME Frank Brown		13b. MOTHER'S MAIDEN NAME Lillie	
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) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Edna Smith	
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) <u>Hypertension</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>-</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (STATE) 102		21f. HOW DID INJURY OCCUR? HAT X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from Aug. 1, 1949, to Dec 29, 1949, that I last saw the deceased alive on Dec 29, 1949, and that death occurred at 11:20 p.m., from the causes and on the date stated above.			
23a. SIGNATURE W. A. Younger M.D.		23b. ADDRESS 2337 Market		23c. DATE SIGNED 12-30-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-5-1950		24c. NAME OF CEMETERY OR CREMATORY Greenwood		24d. LOCATION (City, town, or county) (State) (Mo.) St. Louis Co Mo.	
DATE REC'D BY LOCAL REG. JAN 3 1950		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE J. H. Randle & Son			
				ADDRESS 3133 Bell Ave.			

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 _____
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *J. Watson*

Licensed Embalmer No. *269A*

P. O. Address *2769 Chouteau*

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.