

FILED SEP 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28173
Registrar's No. 7263

318 1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 28173		Registrar's No. 7263		
1. PLACE OF DEATH a. COUNTY <u>Homer G Hospital</u>					2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission). a. STATE <u>1314 Sarsfield St</u> COUNTY _____					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>St Louis Mo</u>			c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) TOWN <u>St Louis, Mo</u>			d. STREET ADDRESS (If rural, give location) <u>2219</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>										
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u>			b. (Middle)		c. (Last) <u>Evans</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 22 1950</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>		8. DATE OF BIRTH <u>8-22-1915</u>		9. AGE (in years last birthday) <u>45</u> 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) <u>Housework</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Natches miss</u>		12. CITIZEN OF WHAT COUNTRY? <u>adam</u>		
13a. FATHER'S NAME <u>Jerry Evans</u>			13b. MOTHER'S MAIDEN NAME <u>Buchanan</u>			14. NAME OF HUSBAND OR WIFE <u>✓</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>W. M. L. Hawley</u>				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Hyper-Nephroma with Metastasis</u> MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>										
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Undetermined</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>										
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)		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>180X</u>					
22. I hereby certify that I attended the deceased from <u>5-9</u> , 19 <u>50</u> to <u>8-22</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>8-22</u> , 19 <u>50</u> , and that death occurred at <u>2:15 p.m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>W. M. L. Hawley</u> (Degree or title) <u>M. D.</u>					23b. ADDRESS <u>2601 N Whittier St</u>			23c. DATE SIGNED <u>8-24-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8-27-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>				
DATE REC'D BY LOCAL REG. <u>AUG 26 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Pasater</u>			FUNERAL DIRECTOR'S SIGNATURE <u>Lee F. Ineed</u> ADDRESS <u>3615 Foster</u>					

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student embalmer NO.....

Signed

Leroy W. Cannister

Licensed Embalmer No.

4523

P. O. Address

3880 Easton

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.