

FILED OCT 5 1950

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

State File No. **31956**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8104**

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
c. LENGTH OF STAY (In this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION **Homer G. Phillips Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Pemiscot**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Wardell** **0780**
d. STREET ADDRESS (If rural, give location) **Rural**

3. NAME OF DECEASED
a. (First) **Evans** b. (Middle) _____ c. (Last) **Treadwell Jr.** 4. DATE OF DEATH (Month) (Day) (Year) **9 23 '50**

5. SEX **Male** 6. COLOR OR RACE **Colored** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Infant** 8. DATE OF BIRTH **Sept. 5, 1949** 9. AGE (In years last birthday) **1** IF UNDER 1 YEAR Months _____ IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **None** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) **Wardell, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Evans Treadwell Sr.** 13b. MOTHER'S MAIDEN NAME **Maple Tipler** 14. NAME OF HUSBAND OR WIFE **None**

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. Maple Treadwell, Wardell, Mo.** 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, asphyxia, etc. It means the disease, injury, or complication which caused death.*
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Congenital atresia of the bile ducts.**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Undetermined**
DUE TO (c) **Undetermined**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **None**
INTERVAL BETWEEN ONSET AND DEATH **Unknown**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **None** 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR **756.2**

22. I hereby certify that I attended the deceased from **9-8-50**, 19**50**, to **9-23-50**, 19**50**, that I last saw the deceased alive on **9-23-50**, and that death occurred at **1:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Alvin Thompson M. D.** 23b. ADDRESS **2601 N. Whittier** 23c. DATE SIGNED **9-25-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **9-24-50** 24c. NAME OF CEMETERY OR CREMATORY **Wardell** 24d. LOCATION (City, town, or county) (State) **Wardell, Mo.**

DATE REC'D BY LOCAL REG. **SEP 25 1950** REGISTRAR'S SIGNATURE _____ 25. FUNERAL DIRECTOR'S SIGNATURE **Albert H. Hoppe** ADDRESS **4700 Washington Blvd.**

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.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

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.