

FILED JAN 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2505
295
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		State File No. 2505 295	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>2 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2109</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaconess Hospital</u>				f. STREET ADDRESS (If rural, give location) <u>4380 Sacramento Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leo</u> b. (Middle) <u>C.</u> c. (Last) <u>Eveld</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 11, 1951.</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>March 11, 1891</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 MIN. Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Loco. Engineer</u>		11. BIRTHPLACE (State or foreign country) <u>Carlyle, Illinois.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Eveld</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Wallers</u>		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) <u>yes WW I</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Mary Eveld</u> ADDRESS <u>4380 Penrose St.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rt. LOWER LOBE PNEUMONIA</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> <u>DUE TO (b) HYPERTENSIVE CARDIOVASCULAR DISEASE</u> <u>DUE TO (c) HEART FAILURE</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 yrs.</u> <u>10 yrs</u> <u>1 yr.</u>	
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) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>HH3X</u>					
22. I hereby certify that I attended the deceased from <u>8. 19</u> , 19 <u>47</u> , to <u>1. 10</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1. 10</u> , 19 <u>51</u> , and that death occurred at <u>6:30</u> A. M., from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert E. Koch</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>35 N CENTRAL, CLAYTON</u>		23c. DATE SIGNED <u>1. 11. 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-13-51.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Marys Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carlyle, Illinois.</u>	
DATE REC'D BY LOCAL REG. <u>JAN 11 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Pasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Math Hermann & Son, Inc.</u> ADDRESS <u>2161 E. Fair Ave.</u>			

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

MAR 30 1951

W. Lewis

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.

W. Lewis

Student Embalmer No.

Signed

Signed.....
Student Embalmer

Licensed Embalmer No. *3737*

P. O. Address *W. Lewis, Mo.*

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.