

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 25 1951

State File No. 28217
Registrar's No. 7303

BIRTH NO. 56117-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u> <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY OR TOWN <u>ST. LOUIS</u> <u>Mo</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>ST. LOUIS</u> <u>Mo.</u> <u>2179</u>	d. STREET ADDRESS (If rural, give location) <u>2707 MICHIGAN</u> <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ANTHONYS HOSP.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant BEAN</u> b. (Middle) <u>(GIRL)</u> c. (Last) <u>EVANS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 15, 1951</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>AUG. 15, 1951</u>		9. AGE (In years last birthday) <u>-</u> Months <u>-</u> Days <u>-</u> Hours <u>1</u> Min. <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS</u> <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <u>JOHN EVANS</u>	13b. MOTHER'S MAIDEN NAME <u>LUCY EVANS</u>	14. NAME OF HUSBAND OR WIFE <u>SINGLE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MR. FRED EVANS</u> ADDRESS <u>2707 MICHIGAN ST. LOUIS Mo.</u>
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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, asthenia, 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) <u>Pulmonary atelectasis (newborn).</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>762.0</u>
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22. I hereby certify that I attended the deceased from Aug 15, 1951, to Aug 15, 1951, that I last saw the deceased alive on Aug 15, 1951, and that death occurred at 6:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>William Carl Smith</u> (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>AUG 17-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GLADE CHAPEL CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>NEAR HILLSBORO Mo</u>
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DATE REC'D BY LOCAL REG <u>AUG 16 1951</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith - M. D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>HEILIGTRG FUNERAL HOME</u> ADDRESS <u>KIMMSWICK Mo.</u>
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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.

Not Embalmed

Student
Student Embalmer

Signed *Arthur W. Heiligtag*

Licensed Embalmer No. *3872*

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.