

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9916**
Registrar's No. **1763**

FILED MAR 22 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY S	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2049	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		d. STREET ADDRESS (If rural, give location) 4 6150 Oakland	

3. NAME OF DECEASED (Type or Print)	a. (First) George	b. (Middle) J.	c. (Last) Evans	4. DATE OF DEATH (Month) (Day) (Year)
				2 23 1952

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 6-5-1888	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR 8 Months	IF UNDER 11 HRS. 18 Days	IF UNDER 24 HRS. _____ Hours	IF UNDER 1 MIN. _____ Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Fireman	10b. KIND OF BUSINESS OR INDUSTRY City St. Louis	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Michael Evans	13b. MOTHER'S MAIDEN NAME Mary Corcoran	14. NAME OF HUSBAND, OR WIFE Emma Wolf Evans
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Vernon G. Evans	ADDRESS 7327 Weil Ave
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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, ashenia, 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) Cerebra Vascula Accident		6 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Generalized arteriosclerosis		year year
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dehete Mellitus		year	
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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 331X
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22. I hereby certify that I attended the deceased from **2/20**, 19**52**, to **2/23/52**, 19**52**, that I last saw the deceased alive on **2/23/52**, 19**52**, and that death occurred at **10:05 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Sam Spear	(Degree or title) 0	23b. ADDRESS M.D. 35 N. Central	23c. DATE SIGNED 2-23-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 32/26/52	24c. NAME OF CEMETERY OR CREMATORY Sunset Park	24d. LOCATION (City, town, or county) (State) St. Louis Missouri
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DATE REC'D BY LOCAL REG. FEB 25 1952	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Robert J. Ambruster	ADDRESS 6633 Clayton Rd
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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.

Student
Student Embalmer

Signed _____

Ernest W. Spillars
4080

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.