

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

State File No. **11982**
Registrar's No. **23**

MAY 7 - 1952

BIRTH NO. **87891** REG. DIST. NO. **32** PRIMARY REG. DIST. NO. **5113**

1. PLACE OF DEATH a. COUNTY BOLLINGER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY 222.0	
b. CITY OR TOWN RURAL UNION Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 2214 HICKORY	

3. NAME OF DECEASED (Type or Print) a. (First) VICTORIA b. (Middle) c. (Last) EVANS			4. DATE OF DEATH (Month) (Day) (Year) MAY 1, 1952		
5. SEX FEMALE 3		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT 0	
8. DATE OF BIRTH DEC. 4, 1951		9. AGE (In years last birthday) 4		10. MONTHS 4 DAYS 27	
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) ST. LOUIS, MISSOURI 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME ALBERT EVANS		13b. MOTHER'S MAIDEN NAME REOLA JONES		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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ALBERT EVANS - 2214 HICKORY ST. LOUIS, MO.	

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) Fracture Neck ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) accident, automobile DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH Minutes	
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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) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Patton Junction Bollinger Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) 5 1 52 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Car accident	

I hereby certify that I attended the deceased from **5:18 P.M.**, to **5:30 P.M.**, 19 **52**, and that death occurred at **5:30 P.M.**, from the causes and on the date stated above.

22a. SIGNATURE John J. Myers (Cowan)		22b. ADDRESS 25 Lutesville Mo		22c. DATE SIGNED 5/3/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 5/2/52		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State) FREDERICKTOWN, MO.					

DATE REC'D BY LOCAL REG. May 3-1952		REGISTRAR'S SIGNATURE Willie Van Amburgh		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WEBB-ADAMSON - FREDERICKTOWN, MO.	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48
090
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MAY 15 1964

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 _____

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.