

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17956**  
Registrar's No. **4064**

FILED MAY 19 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 <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>5910 Marwinette Ave</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Florence</b>	b. (Middle) <b>Weber</b>	c. (Last) <b>Evans</b>	(Month) <b>4</b>	(Day) <b>29</b>	(Year) <b>1952</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 25th, 1896</b>		
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		9b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <b>55</b>	
10a. USUAL OCCUPATION			11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Fred Weber</b>	13b. MOTHER'S MAIDEN NAME <b>Julia Huber</b>	14. NAME OF HUSBAND OR WIFE <b>Robert E. Evans</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Robert E. Evans</b>	ADDRESS <b>5910 Marwinette Ave</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 wks</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? <b>38 IX</b>
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22. I hereby certify that I attended the deceased from **Oct 17, 1951** to **April 30, 1952**, that I last saw the deceased alive on **Apr 29, 1952**, and that death occurred at **12:00 A.M.** from the causes and on the date stated above.

23a. SIGNATURE <b>Julius Jensen</b> (Degree or title)	23b. ADDRESS <b>3720 Washington Bld.</b>	23c. DATE SIGNED <b>4/30/52</b>
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24a. BURIAL / CREMATION (REMOVAL) (Specify) <b>Cremation</b>	24b. DATE <b>5-2 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Missouri Crematory</b>	24d. LOCATION (City, town, or county) (State) <b>3711 Sublette Ave Mo.</b>
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DATE REC'D BY LOCAL REG. <b>APR 30 1952</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ziegler Bros.</b>	ADDRESS <b>6409 Gravois AV</b>
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(Licensed Embalmer's Signature on Reverse Side)

Dr. Julius Jensen  
3720 Washington Ave  
JB 5384  
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.....

*Law M. Sizemore*

Signed.....

Student Embalmer

Licensed Embalmer No. *4343*

P. O. Address *St Louis 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.