

FILED JAN 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8057**
Registrar's No. **8057**

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 8057	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2059	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5475 Cabanne Ave.			d. STREET ADDRESS (If rural, give location) 5 5475 Cabanne Ave., 0		
3. NAME OF DECEASED (Type or Print) a. (First) EVELYN		b. (Middle) Tipton		c. (Last) EVANS	
4. DATE OF DEATH (Month) (Day) (Year) JAN. 2, 1953		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 26, 1872		9. AGE (In years last birthday) 80	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) West Bedford, Ohio	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Jacob Adams Tipton.		13b. MOTHER'S MAIDEN NAME Almyra Compton.	
14. NAME OF HUSBAND OR WIFE Thomas R. Evans, Sr.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Thomas R. Evans, Sr.		17. ADDRESS St. Louis, Mo.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 18. CAUSE OF DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease DUE TO (c) Anemia, Pernicious		INTERVAL BETWEEN ONSET AND DEATH 3 hrs. 20 yrs. 15 yrs.	
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 None	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (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) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____ 443A		22. I hereby certify that I attended the deceased from July, 1950 to 1-2, 1953 that I last saw the deceased alive on 1-2, 1953 and that death occurred at 2:12 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE C. Rush McAdam M.D. (Degree or title)		23b. ADDRESS 906 Olive St. Louis, Mo.		23c. DATE SIGNED 1-3-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 1-3-1953		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons		25. ADDRESS 7233 Delmar Blvd.	
DATE REC'D BY LOCAL REG. JAN 5 1953		REGISTRAR'S SIGNATURE Charles Smith M.D.		DATE REC'D BY LOCAL REG. _____	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Clarence A. Murray

Licensed Embalmer No. 404

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.