

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11516**

FILED APR 4 1953

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

Registrar's No. **3004**

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

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>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. CITY OR TOWN <b>University City 5,</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>FAITH HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>#6273 Delmar Blv'd., 4336</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>ERNEST</b> b. (Middle) <b>ROPER</b> c. (Last) <b>EVANS.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 18, 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married.</b>	8. DATE OF BIRTH <b>August 12, 1886.</b>
9. AGE (In years last birthday) <b>66.</b>		IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Official Donley-Evans Co., (Chemicals).</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Armstrong, Missouri.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Theodore F. Evans.</b>	
13b. MOTHER'S MAIDEN NAME <b>Lula E. Biggs.</b>		14. NAME OF HUSBAND OR WIFE <b>Etta L. Galloway Evans.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no.</b>		16. SOCIAL SECURITY NO. <b>498-07-9949.</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Etta L. Evans, 6273 Delmar Blv'd.,</b>
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) <b>Cardiac failure</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Cardid.</b> DUE TO (c) <b>Vascular disease &amp; Thrombosis.</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Pneumo-pneumonia</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
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?		<b>443X</b>	
22. I hereby certify that I attended the deceased from <b>3/10</b> , 1953, to <b>3/18</b> , 1953, that I last saw the deceased alive on <b>1:40 A.M. 3/18/53</b> and death occurred at <b>1:40 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>C. J. Signorelli M.D.</b>		23b. ADDRESS <b>2801 N Taylor Ave.</b>	
23c. DATE SIGNED <b>3/19/53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial.</b>	
24b. DATE <b>3/20/53.</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery.</b>	
24d. LOCATION (City, town, or county) (State)* <b>Lucas-Hunt Road, St. L. County</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C.R. Lupton &amp; Sons: 7233 Delmar Blv</b>	

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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.....  
Signature of Student Embalmer

Signed *Arnold W. Schoene*

Licensed Embalmer No. *386*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.