

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11936

State File No. ....

2281

FILED MAR 18 1953

BIRTH NO. ....

REG. DIST. NO. ....

318

PRIMARY REG. DIST. NO. ....

1003

Registrar's No. ....

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 Mo		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 2049			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 6809 Dale Ave			d. STREET ADDRESS (If rural, give location) 4 6809 Dale Ave				
3. NAME OF DECEASED (Type or Print) a. (First) Robert L McEvoy		b. (Middle)		c. (Last)			
4. DATE OF DEATH (Month) (Day) (Year) 2 27 53		5. SEX Male		6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH July 25 1929		9. AGE (In years last birthday) 23 IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector		10b. KIND OF BUSINESS OR INDUSTRY Continental Car		11. BIRTHPLACE (State or foreign country) St Louis Mo			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John McEvoy		13b. MOTHER'S MAIDEN NAME Genevieve Junge			
14. NAME OF HUSBAND OR WIFE Single		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. Unknown			
17. INFORMANT'S SIGNATURE OR NAME John Junge		ADDRESS 6809 Dale 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Carburetor Manganese Inhalation. First Degree and Third Degree Burns of 90% of Body surface; suffered in fire caused by overheated oil stove at his home at 6809 Dale Ave, on Feb 27 1953 at about 6:59 am II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION see Accident		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 27 53 6:59 am		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E9160			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:59 am., from the causes and on the date stated above. 16							
22a. SIGNATURE Patrick E. Taylor Coroner		22b. ADDRESS 1300 Clark		22c. DATE SIGNED 2-28-53			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2-28-53		23c. NAME OF CEMETERY OR CREMATORY Calvary			
23d. LOCATION (City, town, or county) (State) St Louis Mo		DATE REC'D BY LOCAL REG. FEB 28 1953		REGISTRAR'S SIGNATURE M. S. B.			
24. FUNERAL DIRECTOR'S SIGNATURE Croghan Funeral Home		ADDRESS 7146 Manchester					

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. \_\_\_\_\_

*No Embalming*  
*W. M. Monk*

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. *3360*

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.