

STANDARD CERTIFICATE OF DEATH

BIRTH NO. FILED MAY 14 1953 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3985

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2149	
c. LENGTH OF STAY (in this place) 3 days		d. STREET ADDRESS (If rural, give location) 14 6437A Althea 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) John	b. (Middle) Sherman	c. (Last) Evens	4. DATE OF DEATH (Month) (Day) (Year) April 14 1953
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH (10 years last birthday) Sept. 24 1880	9. AGE (10 years last birthday) 72	IF UNDER 1 YEAR Months 6	IF UNDER 12 HRS. Days 20
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Hopewell Mo	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME William Evens	13b. MOTHER'S MAIDEN NAME Eliza Day	14. NAME OF HUSBAND OR WIFE Carrie Evens
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Don Mueller Park No. 2000	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 9 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION March 11-1953	19b. MAJOR FINDINGS OF OPERATION Unoperable Carcinoma of Stomach with metastases	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? 151X
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22. I hereby certify that I attended the deceased from Feb. 1953, to 4/14/53, 1953, that I last saw the deceased alive on 4/14/53, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE CE Stindell, M.D.	(Degree or title)	23b. ADDRESS 3701 Grand St.	23c. DATE SIGNED 4/15/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-17-53	24c. NAME OF CEMETERY OR CREMATORY Hopewell Cem.	24d. LOCATION (City, town, or county) (State) Washington Co. Mo
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DATE REC'D BY LOCAL REG. APR 17 1953	REGISTRAR'S SIGNATURE Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Mrs. Luther Sparks Pater, Inc.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Donald L Roberts

Licensed Embalmer No. 4722

P. O. Address Peters 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.