

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19360**
4903

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) 2 wks.	c. CITY OR TOWN St. Louis,	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 De Paul Hospital.		e. STREET ADDRESS (If rural, give location) 12 5237 Washington Blv'd.,	

3. NAME OF DECEASED (Type or Print) a. (First) WINIFRED b. (Middle) SANBORN c. (Last) EVANS.	4. DATE OF DEATH (Month) (Day) (Year) May 13, 1953.
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5. SEX Female.	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.	8. DATE OF BIRTH Mch 31, 1861.	9. AGE (In years last birthday) 92.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife..	10b. KIND OF BUSINESS OR INDUSTRY At Home.	11. BIRTHPLACE (City and State or Foreign Country) New Hampshire,	12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME (Unknown) Sanborn.	13b. MOTHER'S MAIDEN NAME Unknown.	14. NAME OF HUSBAND OR WIFE Henry H. Evans.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.	16. SOCIAL SECURITY NO. (If yes, give year or date of service) no.	17. INFORMANT'S SIGNATURE OR NAME Paul Plummer,	ADDRESS 407 N. 8th Street,
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronche pneumonia		4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Senile changes rise to the above cause (a) stating the underlying cause last. DUE TO (c) Carcinoma of rectum		6 mo
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 9 vagina			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none made	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 154X

22. I hereby certify that I attended the deceased from **Jan 1942** to **May 13, 1953**, that I last saw the deceased alive on **May 13, 1953** and that death occurred at **5:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph Davis	23b. ADDRESS 406 Greer Bldg.	23c. DATE SIGNED 5-14-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal.	24b. DATE 5/15/53.	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum.	24d. LOCATION (City, town, or county) (State) 7800 St. Charles Road.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAY 14 1953 J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons,	ADDRESS 7233 Delmar.
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S.P. (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.....
Signature of Student Embalmer

Signed *Clarence H. Murray*.....

Licensed Embalmer No. *401*

P. O. Address *S. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.