

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26311**
6079

FILED AUG 12 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 Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN University City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 15-days		e. STREET ADDRESS (If rural, give location) 744 Interdrive	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		4674	

3. NAME OF DECEASED (Type or Print)	a. (First) Alvin	b. (Middle) E.	c. (Last) Evans	4. DATE OF DEATH (Month) (Day) (Year) June 17, 1953
-------------------------------------	-------------------------	-----------------------	------------------------	--

5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH Sept. 16, 1878	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 9 Days 1	IF UNDER 24 HRS. Hours Min.
------------------	----------------------------	--	--	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Prof. & Dean - St. Louis University Law School	10b. KIND OF BUSINESS OR INDUSTRY Law School	11. BIRTHPLACE (City and State or Foreign Country) Nebraska	12. CITIZEN OF WHAT COUNTRY? U.S.
---	---	--	--

13a. FATHER'S NAME Eleacar Evans	13b. MOTHER'S MAIDEN NAME Elizabeth Peckenpaugh	14. NAME OF HUSBAND OR WIFE Mrs. Jean Evans
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. not known	17. INFORMANT'S SIGNATURE OR NAME Mr. Palmer Evans	ADDRESS 3863 Anne St. Drexel Hill, Pa.
---	--	---	---

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) Hypostatic Pneumonia	DUE TO (b) Hypertrophoma	2 days 6 weeks
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION 6/13/53	19b. MAJOR FINDINGS OF OPERATION Left Hypertrophoma	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from **June 2, 1953**, to **June 16, 1953**, that I last saw the deceased alive on **June 16, 1953** and that death occurred at **3:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Robert F. Hickey (Degree or title) M.D.	23b. ADDRESS 634 20. Grand Ave. St. Louis	23c. DATE SIGNED 6/18/53
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June 18, 1953	24c. NAME OF CEMETERY OR CREMATORY Lexington Cemetery	24d. LOCATION (City, town, or county) (State) Lexington, Ky.
--	--------------------------------	--	---

DATE REC'D BY LOCAL REG. JUN 18 1953	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE J. Donnelly	ADDRESS 3840 Lindell Blvd.
---	--	---	-----------------------------------

S.P. (Licensed Embalmer's Statement of 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 me....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 469

P. O. Address St. Charles

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.