

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44698**

No. 300
10-48

FILED DEC 29 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 3238

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves</u>		c. CITY OR TOWN <u>Webster Groves</u> <u>4587</u>	
c. LENGTH OF STAY (In this place) <u>2 Years</u>		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: <u>212 Glen Road</u>		e. STREET ADDRESS (If rural, give location) <u>212 Glen Road</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LOUIS</u>	b. (Middle) <u>ANTHONY</u>	c. (Last) <u>McEVOY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-17-1953</u>
-------------------------------------	-------------------------	----------------------------	-------------------------	---

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5-30-1902</u>	9. AGE (In years last birthday) <u>51</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 MRS. Hours	# UNDER 1 MRS. Mfn.
-----------------	---------------------------	---	-----------------------------------	---	-----------------------	---------------------	----------------------	---------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Sporting Goods</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Williamsburg Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	---	---

13a. FATHER'S NAME <u>Henry J McEvoy</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine McGinty</u>	14. NAME OF HUSBAND OR WIFE <u>Maxine McEvoy</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>572-16-4949</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John Dodge</u>	ADDRESS <u>212 Glen Rd.</u>
--	--	--	-----------------------------

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 <u>About 6 mo.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of esophagus</u>		
	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 <u>Sept. '53</u>	19b. MAJOR FINDINGS OF OPERATION <u>150x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?

22. I hereby certify that I attended the deceased from 9-7-53, to 12-17-53, that I last saw the deceased alive on 12-16-53, and that death occurred at 2:55a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. B. ...</u>	23b. ADDRESS <u>19 E. Lockwood, Webster Groves 19, Mo.</u>	23c. DATE SIGNED <u>12-18-53</u>
---	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL <u>Removal</u>	24b. DATE <u>12-21-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Patricks Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Williamsburg Kansas</u>
--	-----------------------------	---	--

DATE REC'D BY LOCAL REG. <u>12/18/53</u>	REGISTRAR'S SIGNATURE <u>Herbert S. ...</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Walter ...</u>	ADDRESS <u>7. Home Webster Groves Mo.</u>
--	---	--	---

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... *Leslie Helch*

Licensed Embalmer No... *4395*

P. O. Address *Taber Gro.*

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.