

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10742

State File No.

BIRTH NO. FILED APR 7 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 708

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before)	
b. CITY OR TOWN <i>Elmwood</i>		a. STATE <i>Missouri</i>	b. COUNTY <i>[REDACTED]</i>
c. LENGTH OF STAY (in this place) <i>12 Days</i>		c. CITY OR TOWN <i>St. Louis, Mo.</i>	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 <i>9437 Page</i>		e. STREET ADDRESS (If rural, give location) <i>4243 DeTonty</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>HARRY</i>	b. (Middle)	c. (Last) <i>EVANS</i>	4. DATE OF DEATH (Month) (Day) (Year)
				<i>March 17, 1954</i>

5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>February 25, 1916</i>	9. AGE (In years last birthday) <i>38</i>	IF UNDER 1 YEAR Months	IF UNDER 14 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Gas Conversion Service</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Shriver Gas Conversion</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Leper, Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Eli Evans</i>	13b. MOTHER'S MAIDEN NAME <i>Ada Moss</i>	14. NAME OF HUSBAND OR WIFE <i>Dottie Kiehn Evans</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <i>704-10-3942</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Dottie Evans, 4243 DeTonty, St. Louis, Mo.</i>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>6 Weeks</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Several Carcinomatosis</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>primary site unknown</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>1998</i>	

19a. DATE OF OPERATION <i>3/3/54</i>	19b. MAJOR FINDINGS OF OPERATION <i>Biopsy of supraclavicular lymph node</i>	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?
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22. I hereby certify that I attended the deceased from *2/28/54*, 19*54*, to *17 March*, 19*54*, that I last saw the deceased alive on *17 March*, 19*54*, and that death occurred at *11:55 P.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Robert K. Rye MD</i>	(Degree or title) <i>MD</i>	23b. ADDRESS <i>3720 Washington St. Louis MO</i>	23c. DATE SIGNED <i>3/19/54</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>3-20-1954</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Oak Grove Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis County, Missouri</i>
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DATE REC'D BY LOCAL REG. <i>3/19/54</i>	REGISTRAR'S SIGNATURE <i>Herbert R. Somberg</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>McLAUGHLIN FUNERAL HOME, INC. 2301 Lafayette St. Louis 4, Mo.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

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 *A. G. Farris*.....

Licensed Embalmer No. *33*.....
P. O. Address *2301 Lafayette*.....

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.