

FILED APR 28 1955

STANDARD CERTIFICATE OF DEATH

State File No. **13291**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3483**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 6 yrs.		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 Alexian Bros		e. STREET ADDRESS (If rural, give location) 20 3802 N. 23rd St.	
3. NAME OF DECEASED (Type or Print) a. (First) J. b. (Middle) B. c. (Last) Evans		4. DATE OF DEATH (Month) 4 (Day) 18 (Year) '55	
5. SEX M	6. COLOR OF RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 7 1926
9. AGE (In years last birthday) 29		IF UNDER 1 YEAR Days 2	IF UNDER 1 HR. Hours 11 Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ironworker		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Kilmore Ark.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Wm. Evans		13b. MOTHER'S MAIDEN NAME Effie M^c Gowin	
14. NAME OF HUSBAND OR WIFE Eva Ann (McGoy) Evans		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes II	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Wm. Evans ADDRESS 3802 N. 23rd St.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Pulmonary Infection ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumonia Etiol. unknown DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 24 hrs. 1 yr.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) St. Louis, Mo	
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? 491X	
22. I hereby certify that I attended the deceased from Jan 10 1955 , to 4/18/55 , 19___, that I last saw the deceased alive on 4/18/55 , 19___, and that death occurred at 7 P. m., from the causes and on the date stated above.			
23a. SIGNATURE A. Meyera M.D. (Degree or title)		23b. ADDRESS 539 N. Grand	23c. DATE SIGNED 4/19/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4/19/55	24c. NAME OF CEMETERY OR CREMATORY Ash Hill Cemetery	24d. LOCATION (City, town, or county) (State) Miss Mo
DATE REC'D BY LOCAL REG. APR 19 1955	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	FUNERAL DIRECTOR'S SIGNATURE Robert D. Kincaid ADDRESS 2228 St. Louis	

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: *Ronald O. Yahn*.....

Licensed Embalmer No. *391*.....

P. O. Address *St. Louis*.....

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.