

**STANDARD CERTIFICATE OF DEATH**

20012

**FILED JUN 22 1955**

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5077**

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b> |  | c. CITY OR TOWN <b>ST. LOUIS</b>   |  |
| c. LENGTH OF STAY (in this place)   |  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>       |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSPITAL</b>                        |  | f. STREET ADDRESS (If rural, give location) <b>15 2732 MONTANA 259</b>   |  |

|   |                               |  |   |   |  |
|---|-------------------------------|--|---|---|--|
| 3. NAME OF DECEASED<br>(Type or Print) <b>MINNIE EVANS</b>  |                               |  | 4. DATE OF DEATH<br>(Month) (Day) (Year) <b>JUNE 10, 1955</b> |   |  |
| 5. SEX <b>1</b>   | 6. COLOR OR RACE <b>WHITE</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED 3</b> | 8. DATE OF BIRTH <b>APRIL 14 1905 50</b>                      |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BAR-MAID</b> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>GOLDIE TAVERN</b>                   |   | 9. AGE (in years last birthday) IF UNDER 1 YEAR: Months Days Hours Min. <b>50</b> |  |
| 11. BIRTHPLACE (City and State or Foreign Country) <b>ILLINOIS 1</b>  |                               |  | 12. CITIZEN OF WHAT COUNTRY?                                  |   |  |

|  |  |  |
|--|--|--|
| 13a. FATHER'S NAME <b>ERNST HOCKMUTH</b> | 13b. MOTHER'S MAIDEN NAME <b>FRIEDA SCHAEDLICH</b> | 14. NAME OF HUSBAND OR WIFE <b>UNKNOWN</b> |
|--|--|--|

|  |  |  |                             |
|--|--|--|-----------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <b>496-28-2241</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>MARTHA MONTGOMERY</b> | ADDRESS <b>PINE LAWN MO</b> |
|--|--|--|-----------------------------|

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Hypopharynx</b>  |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |                                  |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                           |  |                                  |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>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) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <b>147X</b>          |

22. I hereby certify that I attended the deceased from **5-4-55**, 19\_\_\_\_, to **6-10-55**, 19\_\_\_\_, that I last saw the deceased alive on **6-10-55**, 19\_\_\_\_, and that death occurred at **9:55A** m., from the causes and on the date stated above.

|  |   |                                 |
|--|---|---------------------------------|
| 23a. SIGNATURE <b>Samuel R Joseph M.D.</b> (Degree or title) | 23b. ADDRESS <b>1515 Lafayette Avenue</b> | 23c. DATE SIGNED <b>6-10-55</b> |
|--|---|---------------------------------|

|   |                               |  |  |
|---|-------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE <b>JUNE 13 1955</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>UNION MINERS</b> | 24d. LOCATION (City, town, or county) (State) <b>MT. OLIVE, ILL.</b> |
|---|-------------------------------|--|--|

|   |  |   |                            |
|---|--|---|----------------------------|
| DATE REC'D BY LOCAL REG. <b>JUN 13 1955</b> | REGISTRAR'S SIGNATURE <b>Carl Smith MD</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Ruto</b> | ADDRESS <b>2906 Leavis</b> |
|---|--|---|----------------------------|

(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.....

*Samuel Hill*

Licensed Embalmer No. *434*

P. O. Address *2906*

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.