

FILED SEP 9 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27644

State File No. ....

BIRTH NO. 69426-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6748

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Berkeley 421 1/4</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint Louis Maternity</u>				d. STREET ADDRESS (If rural, give location) <u>6030 Dowling</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MICHAEL</u>			b. (Middle)		c. (Last) <u>EVANS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 2 1955</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>---</u>		8. DATE OF BIRTH <u>August 2 1955</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins. <u>16 20</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>---</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>	
13a. FATHER'S NAME <u>Willis Mount Evans Jr</u>			13b. MOTHER'S MAIDEN NAME <u>Maybelle Gertrude Hagemann</u>			14. NAME OF HUSBAND OR WIFE <u>---</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>---</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Maybelle Gertrude Evans</u>			ADDRESS <u>Above</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasia + hyaline membranes</u> <u>Subacute chemoembolism</u> <u>Pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7605</u>						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) <u>7605</u>					
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 <u>August 2, 1955</u> , to <u>August 2, 1955</u> , that I last saw the deceased alive on <u>August 2, 1955</u> , and that death occurred at <u>11:15 PM</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>A. J. Coughlin</u>				(Degree or title) <u>MD</u>		23b. ADDRESS <u>457 N. 7th St. St. Louis, Mo</u>		23c. DATE SIGNED <u>8-9-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>8-4-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. PAUL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>DES PERES MO</u>			
DATE REC'D BY LOCAL REG. <u>AUG 3 1955</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M. SCHRADER FUNERAL HOME</u>				ADDRESS <u>Ballwin, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

300  
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.

*Not embalmed*  
*Schaefer F. W.*  
*R. Bopp*

Signed.....

Licensed Embalmer No. ....

Student .....

Student Embalmer

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.