

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **2467**

FILED JAN 16 1956

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **34**

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Charles)		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place township) 2-days		e. STREET ADDRESS (If rural, give location) 6062 Lucille Ave. 2071	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Bernard b. (Middle) Stanley c. (Last) Evers			4. DATE OF DEATH (Month) (Day) (Year) Jan. 8, 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH Mar. 31, 1933
9. AGE (In years last birthday) 22		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Louis Evers		13b. MOTHER'S MAIDEN NAME Nora A. Drury	14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give way or dates of service) World War # 2	16. SOCIAL SECURITY NO. none known	17. INFORMANT'S SIGNATURE OR NAME St. Louis, Mo. Mrs. Nora A. Evers, 6062 Lucille Ave.	ADDRESS
---	--	--	----------------

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 40 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Demopneumothorax st		
	ANTECEDENT CAUSES DUE TO (b) Contusion lung severe. DUE TO (c) Multiple rib fractures + fractures of shoulder girdle Cerebral hemorrhage + contusion severe.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT (Specify) Accident HOME	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 48	21c. (CITY, TOWN, OR TOWNSHIP) St Charles (COUNTY) Missouri (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 6 1956 1:30 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto Accident

22. I hereby certify that I attended the deceased from Jan 6, 1956, to Jan 8, 1956, that I last saw the deceased alive on Jan 8, 1956, and that death occurred at 7:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Russell Heider MD	23b. ADDRESS St Charles, Mo	23c. DATE SIGNED Jan 9 - 1956
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jan. 11, 1955	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. Jan 10 1956	REGISTRAR'S SIGNATURE Francis Hamilton	25. FUNERAL DIRECTOR'S SIGNATURE J. Donnelly	ADDRESS 3840 Lindell Blvd.
--	--	--	--

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

FEB 14 1956

JAN 17 1956

JAN 23 1956

JAN 22 1956

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 *me*....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Wm. S. Hayden*.....
Licensed Embalmer No. *467*
P. O. Address *3840 Lincoln*.....

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.