

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6250**
1202
Registrar's No.

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) 8 days		c. CITY OR TOWN E. St. Louis		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 BARNES HOSPITAL				e. STREET ADDRESS (If rural, give location) 522 North Seventh 61206			
3. NAME OF DECEASED (Type or Print) a. (First) Evelyn		b. (Middle) R.		c. (Last) Cahoon		4. DATE OF DEATH (Month) (Day) (Year) February 2, 1956	
5. SEX F		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH APRIL 22 1917	
9. AGE (In years last birthday) 38		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Mins.			
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (City and State or Foreign Country) Minnesota		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME GUST ONASCH		13b. MOTHER'S MAIDEN NAME GRACE GIBBS		14. NAME OF HUSBAND OR WIFE GUST CAHOON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gust Cahoon 522 North Seventh St. St. Louis, Ill			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Renal Failure ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Acute Hypoxic Nephrosis DUE TO (c) Transfusion Reaction II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 1/20/56		19b. MAJOR FINDINGS OF OPERATION Repair of Prolapse of Uterus				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 Jan. 25, 1956 , to Feb. 2, 1956 , that I last saw the deceased alive on Feb. 2, 1956 , and that death occurred at 9:05A m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. J. Vermillion, M.D.				23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 2/2/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE FEB 3 1956		24c. NAME OF CEMETERY OR CREMATORY MAC INTURIFF		24d. LOCATION (City, town, or county) (State) VANDALIA ILLINOIS	
DATE REC'D BY LOCAL REG. FEB 3 1956		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Barney Robins E. St. Louis Ill.			

WRITE PLAINLY—USING UNFAADING 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.....
Licensed Embalmer No. 135

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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