

## STANDARD CERTIFICATE OF DEATH

28348

FILED SEP 6 1956

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>7363</b>			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE					
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>		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>4349 Wilcox Ave</b>				e. STREET ADDRESS (If rural, give location) <b>15 4349 Wilcox Ave</b>					
3. NAME OF DECEASED (Type or Print) <b>ANNA</b>			a. (First)		b. (Middle)		c. (Last) <b>EVESON</b>		
4. DATE OF DEATH <b>8-8-1956</b>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>10-30-1858</b>		9. AGE (In years last birthday) <b>97</b>		
5. SEX <b>Female</b>			6. COLOR OR RACE <b>White</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13a. FATHER'S NAME <b>Charles John</b>			
13b. MOTHER'S MAIDEN NAME <b>Iona Wachter</b>			14. NAME OF HUSBAND OR WIFE			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>			
16. SOCIAL SECURITY NO. <b>None</b>			17. INFORMANT'S SIGNATURE OR NAME <b>Emma Krapp</b>			ADDRESS <b>4349 Wilcox Ave</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b>				DUPLICATE TO (b) <b>Innervation</b>				DUPLICATE TO (c) <b>Ageing.</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				One day One month	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? 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) (Min.)			
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 <b>5/14, 1956</b> , to <b>8/8, 1956</b> , that I last saw the deceased alive on <b>8/7, 1956</b> , and that death occurred at <b>9:10 P.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>Paul J. McRae, D.O.</b>			23b. ADDRESS <b>4407 South Kingshighway</b>			23c. DATE SIGNED <b>8/9/56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>8-15-1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>7901 Gravois Ave Mo</b>			
DATE REC'D BY LOCAL REG. <b>AUG 9 1956</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		FUNERAL DIRECTOR'S SIGNATURE <b>B. P. Bieganski</b>		ADDRESS <b>6409 Gravois Ave</b>			

S.P. (Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 4407 S. Kingshighway

**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..... *John M. Sweeney*

Licensed Embalmer No. *4343*

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.