

FILED SEP 6 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28734

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

7186

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY											
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (In this place)		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"/>											
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital				e. STREET ADDRESS (If rural, give location) 2113 Adelaide Ave. 20910															
3. NAME OF DECEASED (Type or Print) EVELYN ELIZABETH LAURENCE				a. (First)				b. (Middle)				c. (Last)				4. DATE OF DEATH (Month) (Day) (Year) Aug. 1. 1956			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single				8. DATE OF BIRTH About 1888				9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework				10b. KIND OF BUSINESS OR INDUSTRY At Home				11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.				12. CITIZEN OF WHAT COUNTRY USA							
13a. FATHER'S NAME James R. Laurence				13b. MOTHER'S MAIDEN NAME Mary Ellen Martin				14. NAME OF HUSBAND OR WIFE Nil											
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 Josephine Laurence				ADDRESS 2113 Adelaide Ave							
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Coronary Insufficiency</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Fracture of femur (hip)</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>O.R. 5th Inj. from 8/2/56</i>								INTERVAL BETWEEN ONSET AND DEATH  9040 21							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <i>Good in femur 8/2/56</i>								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide				21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) Home				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis MO											
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1-12-56 m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? Fall on beam											
22. I hereby certify that I attended the deceased from 7-25, 1956, to 8-1, 1956, that I last saw the deceased alive on 8-1, 1956, and that death occurred at 10 p. m., from the causes and on the date stated above.																			
23a. SIGNATURE <i>John P. Leahy M.D.</i>				(Degree or title)				23b. ADDRESS St. John's Hosp.				23c. DATE SIGNED 8-3-56							
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE 8/4/56				24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery				24d. LOCATION (City, town, or county) (State) St. Louis, Mo.							
DATE REC'D BY LOCAL REG. AUG 3 1956				REGISTRAR'S SIGNATURE <i>J. Paul Smith M.D.</i>				25. FUNERAL DIRECTOR'S SIGNATURE <i>J.P.</i>				ADDRESS Stock Mortuary 2117 E. Grand Ave.							

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

Dr. Prof. M. Martin

No. Theatre Bldg

3943 Flora

2<sup>30</sup> to 5

JE 3-6633

P.R. 2-0660

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: Paul A. Wachtler

Licensed Embalmer No. 4787

P. O. Address St. Louis, Mo.

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.