

FILED SEP 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32016**
Registrar's No. **7841**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St Louis		c. CITY OR TOWN St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital		d. STREET ADDRESS (If rural, give location) 1819 Geyer Av	
3. NAME OF DECEASED (Type or Print) Louisia		a. (First)	b. (Middle) Evans
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Aug 24 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov 17 1895
9. AGE (In years last birthday) 80 60		IF UNDER 1 YEAR	IF UNDER 2 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) De Soto Missouri
12. CITIZEN OF WHAT COUNTRY? US		13a. FATHER'S NAME Frank Sparks	13b. MOTHER'S MAIDEN NAME Mary Boyne
14. NAME OF HUSBAND OR WIFE David (Deceased)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME David Evans		ADDRESS 1819 Geyer Av	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b) Age	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Colon		19. DATE OF OPERATION 7/7/56	
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Colon		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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 7/7 , 19 56 , to 8/23 , 19 56 , that I last saw the deceased alive on 8/23 , 19 56 , and that death occurred at 11:50 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Earl Davis M.D. (Degree or title)		23b. ADDRESS 3720 Washington Ave. St. Louis	23c. DATE SIGNED 8/24/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8/27/56	24c. NAME OF CEMETERY OR CREMATORY Trinity Lutheran Cemetery	24d. LOCATION (City, town, or county) (State) ST Missouri CO, Mo.
DATE REC'D BY LOCAL REG. AUG 24 1956	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Moynell Funeral Home ADDRESS 1926 Allen Av	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Corr. by aff. me 8/29/56

22390

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.....

[Signature]

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *George J. Svoboda Jr.*

Licensed Embalmer No. *4899*

P. O. Address *1926 Allen Ave.*

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.