

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42624

STATE FILE NUMBER 10923

FILED DEC 18 1956

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

Health, Welfare, Public Service
0
300
1-56
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips				Length of stay in lb		STREET ADDRESS (If outside, give location) 269 1622 Belt	
3. NAME OF DECEASED (Type or print) First Eva Middle Last Andrews				4. DATE OF DEATH Month 11 Day 26 Year 56			
5. SEX Female 2		6. COLOR OR RACE Negro		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Aug. 31 1904	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil.				10b. KIND OF BUSINESS OR INDUSTRY No		9. AGE (In years last birthday) 52	
11. BIRTHPLACE (City and state or country) Miss.				12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13. FATHER'S NAME Lemm Henderson				14. MOTHER'S MAIDEN NAME Hattie Berton			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No				16. SOCIAL SECURITY NO. No		17. INFORMANT Address 2601N. Whittier	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Insufficiency							INTERVAL BETWEEN ONSET AND DEATH Undet.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 442x							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Hypertensive Cardiovascular Disease with Mitral Stenosis Uremic Syndrome - Arteriolar Nephrosclerosis - Pleurisy with Effusion, Lt. - Diabetes Mellitus							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Effusion, Lt. - Diabetes Mellitus					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 10-29-56 to 11-26-56 and last saw her alive on 11-26-56 Death occurred at 3:35 p. m. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Hugh Waters M. D.				22b. ADDRESS 2601N. Whittier		22c. DATE SIGNED 11-28-56	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 11-30-56		23c. NAME OF CEMETERY OR CREMATORY Washington Park		23d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
24. FUNERAL DIRECTOR S. J. Watson ADDRESS 2769 Chouteau				25. DATE RECD. BY LOCAL REG. NOV 29 1956		26. REGISTRAR'S SIGNATURE Carl Smith MD	

(Licensed Embolmer's Statement on Reverse Side)

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.....
[Handwritten Signature]

Licensed Embalmer No. *26*

P. O. Address *2769*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.