

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14733

STATE FILE NUMBER 2523

FILED APR 22 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

Health, & Welfare
Public
Service

S. 300
1-55

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		c. CITY OR TOWN Florissant	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If outside, give location) Old Jamestown Rd.	
3. NAME OF DECEASED (Type or print) EVARTS		4. DATE OF DEATH MARCH 4, 1957	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH -----1883	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician		9b. KIND OF BUSINESS OR INDUSTRY Medical Doctor	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician		10b. KIND OF BUSINESS OR INDUSTRY Medical Doctor	
11. BIRTHPLACE (City and state or country) Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. none	
17. INFORMANT Hospital Records		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] X PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial failure Pulmonary insufficiency DUE TO (b) Pulmonary insufficiency Wide spread carcinoma of lungs DUE TO (c) Wide spread carcinoma of lungs PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Primary bronchogenic carcinoma, left with wide spread			INTERVAL BETWEEN ONSET AND DEATH 3 Mos.
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.) 162x	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from JAN. 28, 1957 to MAR. 4, 1957 and last saw her/him alive on MAR. 4, 1957 Death occurred at 3:37 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Thos. H. Buford <i>Thomas H. Buford</i>		22b. ADDRESS BARNES HOSPITAL	
22c. DATE SIGNED 3/5/57		23. LOCATION (City, town, or county) (State) St. Louis, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) 3-30-57		23b. NAME OF CEMETERY OR CREMATORY Anatomical Board	
24. FUNERAL DIRECTOR Rawland - Aker		25. DATE RECD. BY LOCAL REG. MAR 14 '57	
26. REGISTRAR'S SIGNATURE J. Carl Smith		27. (Licensed Embalmer's Statement on Reverse Side)	

MEDICAL CERTIFICATION

162x

786

ST. LOUIS, MO.

GRAHAM A. BARTON
MARCH 5, 1957

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.....

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.

Received March 5, 1957 unembalmed
Washington University School of Medicine Dept of Anatomy
Roy R. Peterson