Health, & Welfare Public Service

. 300
. 1-56

3

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUN 14 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18631
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5131

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) OR TOWN St.Louis — Inside Limits Yes X No ☐

c. CITY OR TOWN St.Louis — Inside Limits Yes X No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 38 Carlisle City Hospital — Length of stay in 1b DOA

d. STREET ADDRESS (If outside, give location) 12 5580 Waterman — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Shepard Middle R. Last Evans

4. DATE OF DEATH Month May Day 28, Year 1957

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED X 2

8. DATE OF BIRTH July 9,1884

9. AGE (In years last birthday) 72 — 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) Lawyer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) New York,N.Y. 1

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Isaac Evans

14. MOTHER'S MAIDEN NAME Tillie Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Joseph Evans, 2818 N. 19th St. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerosis Known Since — INTERVAL BETWEEN ONSET AND DEATH 4/25/57

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Age. Sedentary habits - Enlarged heart
DUE TO (c) Aortic aneurism

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Edema lower half both lungs. Aortic aneurism 022X

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) not

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year not

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) not

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4/25-57, to 5/22/57 and last saw ~~her~~ him alive on 5/20/57
Death occurred at 2:15P. m on the date stated above; and to the best of my knowledge, from the causes stated

22a. SIGNATURE (Degree or title) D. C. Todd MD 0

22b. ADDRESS 4140 Forest Park

22c. DATE SIGNED 5/28/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation

23b. DATE 5-31-57

23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory

23d. LOCATION (City, town, or county) (State) St.Louis Co.,Mo.

24. FUNERAL DIRECTOR ADDRESS Albert H.Hoppe,4700 Washington Blvd.

25. DATE RECD. BY LOCAL REG. MAY 31 '57

26. REGISTRAR'S SIGNATURE J. Earl Smith MD S.P.

(Licensed Embalmer'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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... G. W. Wilkinson

Licensed Embalmer No. 35

P. O. Address.....

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