t. Health,
& Welfare
S. Public
th Service

S. 300
v. 1-56

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

Queried this was a Pregnancy death

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 17 1958

STATE FILE NUMBER 47528

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12693

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 07 Christian Hospital — Length of stay in 1b
d. STREET ADDRESS (If outside, give location) 109 4027A Kossuth Ave. — Reside on Farm Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St.Louis — Inside Limits Yes ☒ No ☐

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

4. DATE OF DEATH Month Day Year December 30,1957

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH August 24,1933
9. AGE (In years last birthday) 24 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) St.Louis Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Ferdinand Thorn
14. MOTHER'S MAIDEN NAME Merle Nation

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.
17. INFORMANT Address Robert Evans Jr.4027A Kossuth Ave.

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) Internal hemorrhage
Internal hemorrhage
Uterine tear or rupture
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Uterine tear or
DUE TO (c) Rupture 648.3
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9 March 56, to 30 Dec 57 and last saw her alive on 30 Dec 57
Death occurred at 10 Am. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Nathaniel Goodman (Degree or title) Nathaniel Goodman M.D.
22b. ADDRESS 8327a Jennings Rd.
22c. DATE SIGNED 31 Dec 57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan.2,1957
23c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery
23d. LOCATION (City, town, or county) St.Louis County (State) Mo.

24. FUNERAL DIRECTOR ADDRESS Morrell Funeral Home 3710 N. Grand
25. DATE RECD. BY LOCAL REG. JAN 2 '58
26. REGISTRAR'S SIGNATURE J. Earl Smith MD MDS

(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 emba

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

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Elton R. H. Remeh

Licensed Embalmer No. 428

P. O. Address St. Louis

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