

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-002911  
STATE FILE NUMBER

FILED JAN 28 1959

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 209

300  
1-57  
0  
4  
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1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1712 N. Sarah</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>1712 N. Sarah</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Dave</b> Middle Last <b>Evans</b>			4. DATE OF DEATH Month <b>Jan.</b> Day <b>5</b> Year <b>1959</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>1-12-1892</b>	9. AGE (In years last birthday) <b>66</b>	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) <b>retired</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Louisiana /</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Milton Evans</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Helmen</b>		14. NAME OF HUSB AND OR WIFE <b>Agnes Evans</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no no</b>		16. SOCIAL SECURITY NO. <b>499-01-8007</b>	17. INFORMANT Address <b>Agnes Evans 1712 N. Sarah</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <b>Hypertensive Heart Disease</b> DUE TO (c) <b>Arterio-sclerosis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>1 year</b> <b>1 year</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>420.1</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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 <b>JAN. 2, 1958</b> and last saw him alive on <b>1-5-59</b> Death occurred at <b>3:15 pm 1-5-59</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>J. E. Hale M.D.</b>			22b. ADDRESS <b>822 N. Jefferson</b>		22c. DATE SIGNED <b>1/6/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. DATE <b>12 Jan. 59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>		23d. LOCALITY (City, town, or county) (State) <b>St. Louis Co., Mo.</b>
24. FUNERAL DIRECTOR <b>Reliable Funeral Sys. 1389 N. Union</b>		25. DATE RECD. BY LOCAL REG. <b>JAN 8 '59</b>		26. REGISTRAR'S SIGNATURE <b>Carl Smith</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coronator, etc.: must use only standard form provided by this office. All diseases in Part I must be causally related.

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 ..... *John K. Cunningham*

Licensed Embalmer No. *4470*

P. O. Address. *2405 Ma*

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.