Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003956
STATE FILE NUMBER

FILED FEB 16 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 415

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) NORMANDY — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Normandy Osteopathic Hospital — Length of stay in 1b 29 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY St. Louis
c. CITY OR TOWN St. Louis 214190 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 8932 Natural Bridge — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: ERNEST Middle: (NONE) Last: EVERT

4. DATE OF DEATH Month 2 Day 9 Year 1959

5. SEX Male

6. COLOR OR RACE White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] / DIVORCED [ ]

8. DATE OF BIRTH Dec. 11, 1891

9. AGE (In years last birthday) 67 — 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) Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Danville, Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Frank Evert

13b. MOTHER'S MAIDEN NAME Emma Hacker

14. NAME OF HUSBAND OR WIFE Elsie Deal Evert

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. 494-09-6405

17. INFORMANT Elsie Evert — Address 8932 Natl Bridge

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

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Myocardial Failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Vasomotor Collapse
DUE TO (c) Metastatic Adenocarcinoma of Gastro Intestinal tract.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Obstruction of Gastro Intestinal Tract. 159X

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.)

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 1950, to 2/9/59 and last saw him alive on 2/9/59
Death occurred at Normandy Osteopathic Hosp 1:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr C W Palermo DO.

22b. ADDRESS 7320 Florissant Rd

22c. DATE SIGNED 2/9/59

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

23b. DATE 2-13-59

23c. NAME OF CEMETERY OR CREMATORY St Ferdinand Cem.

23d. LOCATION (City, town, or county) (State) FLORISSANT, MO.

24. FUNERAL DIRECTOR WHITE-MULLEN — ADDRESS 118 N FLORISSANT RD

25. DATE RECD. BY LOCAL REG. 2-12-59

26. REGISTRAR'S SIGNATURE John C. Murphy, MD/PS

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms [illegible]
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 Reinhold K. Lohman

Licensed Embalmer No. 3395

P. O. Address St. Louis 21

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.