

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-007920  
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 411

1. PLACE OF DEATH a. COUNTY <u>St. Louis,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri,</u> b. COUNTY <u>St. Louis,</u>	
b. CITY (If outside city limits, give name of TOWNSHIP) <u>Clayton,</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St. Louis,</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital,</u> Length of stay in lb <u>WKS.</u>		d. STREET ADDRESS (If outside, give location) <u>4229 Oregon Ave.,</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Louise</u> Middle <u>F.</u> Last <u>Evers,</u>			4. DATE OF DEATH <u>February 11, 1959</u> Month <u>February</u> Day <u>11</u> Year <u>1959</u>		
5. SEX <u>Female.</u>	6. COLOR OR RACE <u>White,</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 5, 1889</u>		9. AGE (In years last birthday) <u>69</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Candy Packer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri,</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Henry Evers,</u>		13b. MOTHER'S MAIDEN NAME <u>Theresa Ader,</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>unk.</u>		17. INFORMANT <u>Joseph A. Evers,</u> Address <u>4229 Oregon Ave.,</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized Carcinomatosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>8 years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinoma of <del>lung</del> breast</u> DUE TO (c) <u>170x</u>		
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 <input checked="" type="checkbox"/> NO <input 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 <u>4:00 A.M.</u> Month, Day, Year <u>Feb 11, 1959</u>					

20d. INJURY OCCURRED WHILE AT WORK <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 <u>St. Louis,</u> COUNTY <u>St. Louis,</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>Oct 20, 1959</u> to <u>Feb 11, 1959</u> and last saw <u>her</u> alive on <u>10 Feb 1959</u> Death occurred at <u>4:00 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Mr. Thomas M.D.</u> (Degree or title)			22b. ADDRESS <u>3915 Watson Rd</u>		22c. DATE SIGNED <u>2/12/59</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal.</u>		23b. DATE <u>2/14/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SS. Peter &amp; Paul Cemetery,</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri,</u>
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24. FUNERAL DIRECTOR <u>Gebken-Benz Mortuary,</u> ADDRESS <u>2842 Meramec St., St. Louis, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-12-59</u>	26. REGISTRAR'S SIGNATURE <u>John C. Murphy M.D.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

300  
-57  
6  
96

RECEIVED FEB 24 1959

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 me....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Joe S. Benz.....

Licensed Embalmer No. 4249.....  
P. O. Address 2842 Meramec St., St. Louis, 18, M

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.