Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-011821
STATE FILE NUMBER

FILED MAR 23 1959

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 731

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN Normandy — Inside Limits Yes # No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 8932 Natural Bridge — Length of stay in Ib 12 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Normandy 4190 — Inside Limits Yes # No
d. STREET ADDRESS (If outside, give location) 8929 Natural Bridge — Reside on Farm Yes No #

3. NAME OF DECEASED (Type or print): First Elsie Middle Deal Last Evert
4. DATE OF DEATH: Month March Day 17 Year 1959
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED # DIVORCED ☐
8. DATE OF BIRTH: Apr. 3, 1888
9. AGE (In years last birthday): 70 — 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): Terre Haute, Ind.
12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Ernest 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: Mr. Louis Guittar, Normandy, Mo.

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) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Myocardial Infarction
DUE TO (c) Coronary sclerosis General
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerosis 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
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 1959 and last ~~saw~~ her ~~him~~ alive on 3/16/59
Death occurred at 12:05 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Dr. C N Salemo (Degree or title) D.O.
22b. ADDRESS 7320 Florissant Rd
22c. DATE SIGNED 3/18/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-20-59
23c. NAME OF CEMETERY OR CREMATORY: St. Ferdinand Cemetery
23d. LOCATION (City, town, or county) (State): Florissant, Mo.

24. FUNERAL DIRECTOR ADDRESS: White-Mullen Mortuary, Ferguson
25. DATE RECD. BY LOCAL REG.: 3-18-59
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DOCTOR, CORONER, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. 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 my self, Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Reinhold P. Lohmann

Licensed Embalmer No. 5575

P. O. Address St. Louis, Mo.

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.