

FEDERAL BUREAU OF INVESTIGATION - DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-016790

FILED VS MAY 6 1960

2 4493

STATE FILE NUMBER

INDEXED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN Centreville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If outside, give location) 42 Agnes Drive	

3. NAME OF DECEASED (Type or print) First Middle Last DAVID J. EVANS			4. DATE OF DEATH Month Day Year APRIL 26 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb. 21 1894	9. AGE (last birthday) 66	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Cutter		10b. KIND OF BUSINESS OR INDUSTRY Mar Meat Co.		11. BIRTHPLACE (City and state or country) East St. Louis, Ill U. S. A.		
13a. FATHER'S NAME David D. Evans		13b. MOTHER'S MAIDEN NAME Anna H. Gelsay		14. NAME OF HUSBAND OR WIFE Mary I. Evans		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 488-10-8323		17. INFORMANT Address Mary I. Evans 42 Agnes Drive		

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		12 HOURS
DUE TO (b) ABDOMINOPERINEAL RESECTION		12 HOURS
DUE TO (c) CARCINOMA OF RECTUM		154x FEW WEEKS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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 a.m. p.m.	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 COUNTY STATE		

21. I attended the deceased from **APRIL 22, 1960** to **APRIL 26, 1960** and last saw her/him alive on **APRIL 26, 1960**
 Death occurred at **3:03 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>William M.D.</i>	22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 4/26/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE April 29, 1960	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetry
23d. LOCATION (City, town, or county) Belleville, Ill		23e. STATE Ill

24. FUNERAL DIRECTOR ADDRESS Burke Funeral Home East St. Louis	25. DATE RECD. BY LOCAL REG. APR 27 1960	26. REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>
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DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

M. J. B.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Not Embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chas. M. Burke

Licensed Embalmer No. 2421

P. O. Address 3300 State S
East St. Louis,

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.