

FILED VS. FEB 9 1961

318

Primary Registration District No.

1003

Registrar's No.

893

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS Mo</i>		Length of stay in 1b	c. CITY OR TOWN <i>ST. LOUIS</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>LUTHERAN Hosp.</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>3624 MERAMEC</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>JULIUS</i> Middle Last <i>EVANS</i>			4. DATE OF DEATH Month <i>JAN.</i> Day <i>27</i> Year <i>1961</i>		
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>MAY 28 1896</i>	9. AGE (last birthday) <i>70</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>RETIRED SHOE WORKER</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>ILLINOIS</i>		12. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>
13a. FATHER'S NAME <i>JOHN EVANS</i>		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <i>LUELLA EVANS</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Address <i>RICHARD EVANS RICHMOND HEIGHTS Mo</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Infarction</i> DUE TO (b) <i>Hypertensive Cardiovascular disease</i> DUE TO (c) <i>years</i> INTERVAL BETWEEN ONSET AND DEATH <i>Sudden</i>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Peptic Ulcer 4201</i>				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	
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. Month, Day, Year		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 <i>1/6/60</i> to <i>1/27/61</i> and last saw him alive on <i>1/27/61</i> Death occurred at <i>105/p</i> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Carson Hendrix M.D.</i>			22b. ADDRESS <i>4268 Delo</i>		22c. DATE SIGNED <i>1/28/61</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>JAN. 30 1961</i>	23c. NAME OF CEMETERY OR CREMATORY <i>ST. TRINITY LUTHERAN</i>		23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS Mo</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Thomas Kutis 2906 Gravis</i>		25. DATE RECD. BY LOCAL REG. <i>JAN 30 1961</i>		26. REGISTRAR'S SIGNATURE <i>Earl Smith. M.D.</i>	

O.K. Paul [unclear] 1/30/61

4268 Baker
New 1-3434
11-230 P.M. Post.

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 Corley H. Simpson Jr.
Licensed Embalmer No. 4861
P. O. Address Edgemoor 5, Md.

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.