

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11233**

STATE FILE NUMBER

**FILED DEC 18 1961**

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY                                 |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>  |   | Length of stay in 1b<br><b>16 yrs.</b>  | c. CITY OR TOWN<br><b>St. Louis</b>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>4402 Randall Pl.</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>4402 Randall Pl.</b>  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>KALINKA</b> Middle Last <b>EVANOFF</b>   |   |   | 4. DATE OF DEATH<br>Month <b>12</b> Day <b>2</b> Year <b>61</b>   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>9-27-98</b>  |
| 9. AGE (last birthday)<br><b>63</b>  |   | IF UNDER 1 YEAR<br>Months Days  | IF UNDER 24 HR<br>Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>housewife</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>none</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Sophia, Bulgaria</b>   |
| 12. CITIZEN OF WHAT COUNTRY<br><b>Bulgaria</b>   |   | 13a. FATHER'S NAME<br><b>unknown</b>  |   |
| 13b. MOTHER'S MAIDEN NAME<br><b>unknown</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Constantin Evanoff</b>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |   | 16. SOCIAL SECURITY NO.<br><b>none</b>  | 17. INFORMANT<br><b>1649 Address Carter Constantin Evanoff St. Louis 15, Mo.</b>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary occlusion;</b><br>DUE TO (b) <b>Coronary sclerosis.</b><br>DUE TO (c) <b>+20.1</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   | INTERVAL BETWEEN ONSET AND DEATH  |
| 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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour Month, Day, Year<br>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 _____ to _____ and last saw her/him alive on _____<br>Death occurred at <b>2:30 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |   |
| 22a. SIGNATURE (Degree or title)<br><b>Helen L. Taylor Coroner</b>   |   | 22b. ADDRESS<br><b>1300 Clark Ave.</b>  | 22c. DATE SIGNED<br><b>12-5-61</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>removal</b>  | 23b. DATE<br><b>12-4-61</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Sunset Hill</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Madison County, Illinois</b>  |
| 24. FUNERAL DIRECTOR<br><b>John L. Sedlack Madison, Illinois</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>DEC 4 1961</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Loan Smith, M.D.</b>  |

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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

*John T. Sedlack*

Licensed Embalmer No. 3747

P. O. Address Madison, Vt.

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.