

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

7266

62-028615

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7266

FILED JUL 31 1962

1. PLACE OF DEATH
 a. COUNTY **Missouri**
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis, Missouri**
 Length of stay in lb **lifetime**
 c. CITY OR TOWN **Lenay**
 Inside Limits Yes No
 d. STREET ADDRESS (if outside, give location) **6312 Christopher**
 Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. **Missouri** b. COUNTY **St. Louis**
 c. CITY OR TOWN **Lenay**
 Inside Limits Yes No
 d. STREET ADDRESS (if outside, give location) **6312 Christopher**
 Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
GERTRUDE MAY EVANS **July 20 1962**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **5-25-1890** 9. AGE (last birthday) **72** IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Sales Lady** 10b. KIND OF BUSINESS OR INDUSTRY **Clines Dress Shop** 11. BIRTHPLACE (City, and State or country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Charles T. Richards** 13b. MOTHER'S MAIDEN NAME **Emily Tudball** 14. NAME OF HUSBAND OR WIFE **Wm. L. 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. [] 17. INFORMANT **Wm. L. Evans** Address **6312 Christopher**

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **PULMONARY EDEMA, ACUTE**
 DUE TO (b) **CARDIAC INSUFFICIENCY**
 DUE TO (c) **HEART DISEASE, ARTERIO-SCLEROTIC & HEALED INFARCT, DIFFUSE MYOCARDIAL FIBROSIS**
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) **STOMACH, ACUTE DILATATION**
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

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.) **4200**

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

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 **4/25/60** to **7/20/62** and last saw her alive on **6/3/62**
 Death occurred at **6:15 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) **Eugene V. Henschel, M.D.** 22b. ADDRESS **4709 HAMPTON AVE** 22c. DATE SIGNED **7/21/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **7-24-62** 23c. NAME OF CEMETERY OR CREMATORY **Park Lawn Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis County, Missouri**

24. FUNERAL DIRECTOR **Hoffmeister Colonial, 6464 Chippewa.** ADDRESS 25. DATE RECD. BY LOCAL REG. **JUL 24 1962** 26. REGISTRAR'S SIGNATURE **Leon Smith, M.D.**

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK -OR- TYPEWRITER RIBBON

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4/20/62

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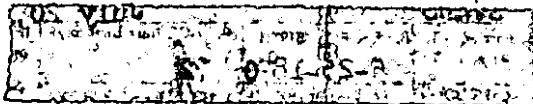
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STATEMENT BY LICENSED EMBALMER

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 St. Kennehy

Licensed Embalmer No. 4194

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.