

FILED JUL 13 1942

State File No. 5642

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

006
17
9

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County St. Louis, Missouri
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1022a Eichelberger
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED: 000
 (a) State Missouri (b) County 17
 (c) City or town St. Louis 9/5
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1022a Eichelberger
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Minnie M. Evans
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife W. B. Evans
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 5, 1848
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>94</u>	<u>3</u>	<u>24</u>	hr. _____ min.

9. Birthplace Farmington, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Albert Carr
 13. Birthplace Ohio
 14. Maiden name Desdemonia Howard
 15. Birthplace Pennsylvania
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dettie E. Russell
 (b) Address 1022a Eichelberger

17. (a) Burial (b) Date thereof 6-30-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Motor Caledonia, Mo.
Southern Funeral Home

18. (a) Signature of funeral director _____
 (b) Address 6322 S. Grand Blvd.

19. (a) JUL 1 1942 (b) J. F. Bruck
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th
 year 1942 hour 1:30a minute _____ M.
 21. I hereby certify that I attended the deceased from 4-20-42
 _____, 19____, to 6-29, 1942
 that I last saw her alive on 6-29, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death
Acute myocardial
insufficiency
 Due to Coronary artery disease
 Due to _____
 Other conditions None
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations none
 Of autopsy none

Duration
3 days
30 years
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
 While at work? _____ (c) Means of injury _____
 23. Signature J. F. Bruck (M. D. or other) MD
 Address 4703 Virginia Date signed 6-29

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Dr. H. J. Shelton

4703 Virginia

1:30 - 3:30 P.M.

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Virgil L. Berryman

Licensed Embalmer No.

4018

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 this body is not embalmed, fact should be so stated above.