

No. 2
9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 23 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28697
Registrar's No. 7609

Registration District No. 210

Primary Registration District No. 100

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 25 days
(Specify whether
in this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 17
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 2119 Spruce
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Eliza Evans
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September 6,
year 1942 hour _____ day 5 minute 45 A. M.
21. I hereby certify that I attended the deceased from July
11, 1942 to September 6, 1942
that I last saw her alive on September 6, 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced, single
7. Birth date of deceased: 1888 - 11 - 17
(Month) (Day) (Year)
8. AGE: Years 53 Months 11 Days 12 hr. _____ min. _____

Immediate cause of death
Prob. Ca. of Gall Bladder
Chr. Nephritis
Duration
Unknown
Unknown
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER
9. Birthplace Unknown Miss
(City, town, or county) (State or foreign country)
10. Usual occupation House work
11. Industry or business _____
12. Name George Hardner
13. Birthplace Calumet Miss
(City, town, or county) (State or foreign country)
14. Maiden name Patty Lawrence
15. Birthplace Greenwood Miss
(City, town, or county) (State or foreign country)
16. (a) Informant Francis Keith
(b) Address 2224 Randall St
17. (a) Burial (b) Date thereof 9-11-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Washington Park English Burial Co
18. (a) Signature of funeral director _____
(b) Address SEP 28 1942
19. (a) SEP (b) J. F. Tucker
(Date received by registrar) (Registrar's signature)

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) _____
(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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. E. Smith (M. D. or other) _____
Address 2601 Whittier Date signed 9/9/42

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Burleson English*
Licensed Embalmer No. *4208*
P. O. Address *2931 Lucas, Ga*

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.