

REC'D DEC 29 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10540**

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 hrs.
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Mary Rogers Evans

3. (b) If veteran, name war -- 3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Robert 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased May 14th. 1871
(Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 27 If less than one day
.....hr.min.

9. Birthplace Jackson, Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Unavailable Manuel

13. Birthplace Jackson, Mississippi
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Jackson, Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Anderson Rogers

(b) Address 3413 Laclede Ave.

17. (a) Burial (b) Date thereof 12/19/1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Ave.

19. (a) DEC 17 1942 (b) J. J. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3413 Laclede Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country..... No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13th.
year 1942 hour 8:00 minute a. M.

21. I hereby certify that I attended the deceased from.....
..... 1942, to December 13, 1942,
that I last saw her alive on December 12th. 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary Embolism; CONTRIB; let & 2nd Degree Burns of right hand, forearm, and arm, with Acute Cellulitis; suffered while cleaning stove at her home, exact time and date unknown.

Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:
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) Accident
(b) Date of occurrence Unknown
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Home

While at work (Specify type of place) (c) Means of injury
23. Signature Thomas F. Callahan (M. D. or other)
Address 3413 Laclede Ave. Date signed 12-17-42

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

MOTHER, FATHER

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.....

William C. McDowell....., Registered Apprentice No.....
working under my personal supervision.

Signed William C. McDowell.....

Licensed Embalmer No. 2114.....

P. O. Address 1711 N. Taylor Ave......

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.