

FILED NOV 18 1943

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9626**

1. PLACE OF DEATH:  
(a) County **St. Louis, Mo.**  
(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:  
**Jewish Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **4 days**   
(Specify whether  Lifetime  
In this community **Lifetime**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **096**  
(c) City or town **Northwoods, Normandy** **0**  
(If outside city or town limits, write "RURAL") **NR.**  
(d) Street No. **6714 Mathews** (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **Helen P. 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 **Married**  
6. (b) Name of husband or wife **Robert H. Evans**  
6. (c) Age of husband or wife if alive **32** years  
7. Birth date of deceased **Oct. 10 1911**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**32 0 21** hr. min.

9. Birthplace **Kirkwood Mo. 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Kerney Potter**  
13. Birthplace **Macon Mo. 0**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Stella Jones**  
15. Birthplace **Texas 1**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Robert H. Evans**

(b) Address **6714 Mathews, Northwoods**

17. (a) **Burial 1943** (b) Date thereof **Nov. 3, 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Hill Cemetery**

18. (a) Signature of funeral director **Wagoner Undertaking**

(b) Address **3621 Olive St.**

19. (a) **NOV 2 1943** (b) **J. J. Budeck**  
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **31**  
year **1943** hour **12<sup>30</sup>** minute **P.** M.  
21. I hereby certify that I attended the deceased from **about** 19**26** to **10/31/43** 19**43**  
that I last saw **her** alive on **10/31/43** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Stenoplegia (Cerebral Embolus)**  
Due to **Blasphatic heart disease** } **4 days**  
**Mitral regurgitation & aortic regurgitation** } **17 yrs.**  
Due to **arteriosclerosis** }

Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
Of operations  
Of autopsy

Duration

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?

23. Signature **Arthur E. Strain** (M. D. or dentist)  
Address **539 N. Grand** Date signed **11/2/43**  
While at work? (Specify type of place) (a) Means of injury

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

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed W. M. Edwin L. Kemper  
Licensed Embalmer No. 4052  
P. O. Address 4005 Lexington

**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.**