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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10758

State File No.

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 2414

1. PLACE OF DEATH:

(a) County

(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Residence; 5009 Enright
(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:

(a) State Missouri: (b) County 000

(c) City or town Saint Louis: 12
(If outside city or town limits, write "RURAL") 17

(d) Street No. 5009 Enright Ave.
(If rural, give location) 9

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Rebecca Evans

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife John P. Evans

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 27 - 1873
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73	11	3.	hr. min.

9. Birthplace New York , New York 1
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Herman Friedlander
13. Birthplace Prussian Border - Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Amelia Samuels
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Rebecca Evans 1

(b) Address 5009 Enright Ave

17. (a) Cremation (b) Date thereof April 1/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address 7233 Delmar Blvd

19. (a) MAR 31 1947 (b) J. A. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1947 hour 12 minute 338 M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Baby Badly Charred C.O. Poisoning received in a fire of undetermined origin in the home 5009 Enright Ave. around 12-338 M

Due to March 30 1947 Damage to Building $2000 Contents 700 c

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 195

Of autopsy 99

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) Jan Verdict

(b) Date of occurrence March 30, 1947 000

(c) Where did injury occur? St Louis
(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? (e) Means of injury Cabon

23. Signature Patrick E. Taylor, Dep. Cor. (M. D. or other)

Address 1300 Clark Date signed 3-31-47

(Licensed Embalmer's Statement on Reverse Side)

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.