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5-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15865**

FILED APR 24 1947

Registration District No. **31**

Primary Registration District No. **3069**

Registrar's No. **837**

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
1132 Ralph Terrace  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 Days  
(Specify whether years, months or days)

In this community 30 Days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Richmond Heights  
(If outside city or town limits, write "RURAL")

(d) Street No. 1132 Ralph Terrace  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elva I. Evans

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th  
year 1947 hour 9 minute 30 P. M.

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Albert Evans

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased November 3 1883  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4/6/47 19 to 4/13/47 19  
that I last saw her alive on 4/13/47 19  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

63	5	10	
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hr. min.

Immediate cause of death Carcinomatous

Due to Carcinoma of Breast

Due to 30

Other conditions (Include pregnancy within 3 months of death)

Duration 1yr

PHYSICIAN

Underline the cause to which death should be charged statistically.

9. Birthplace Ethan South Dakota  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

Major findings: Carcinoma of Breast

Of operations Carcinoma of Breast

Of autopsy —

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Albert Klote

13. Birthplace Czecho Slovakia Europe  
(City, town, or county) (State or foreign country)

14. Maiden name Ida C. Marseilles

15. Birthplace Unknown France  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Albert v. Evans

(b) Address 1132 Ralph Terrace

17. (a) Removal (b) Date thereof 4-16-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Denver, Colorado.

18. (a) Signature of funeral director Mittelberg funeral Home

(b) Address 23 W. Lockwood Webster Groves, MO.

19. (a) 4-15-47 (b) Carl B. Shamp  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury —

Signature C. C. Drace, Jr. (M. D. or other)

Address 19 E. Lockwood Blvd. Date signed 4/14/47

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

11 2e  
73-4

APR 24 1947

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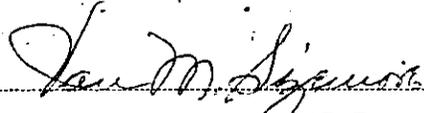
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STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 4343

7415 Zephyr Pl.,

P. O. Address...Maplewood, 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.**