

No. 2
12-45
-17-39
X47070

FILED DEC 6 1947

Registration District No. **318**

Primary Registration District No. **1003**

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

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: Barnes Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether)

In this community 0 years, months or days (Specify whether)

3. (a) PRINT FULL NAME Mary Evans

3. (b) If veteran, name war No

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 Orson R. Evans

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased October 29 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>0</u>	<u>28</u>	hr. min.

9. Birthplace Wabash Co. Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name William T. Ballard

{ 13. Birthplace Wabash Co. Illinois
(City, town, or county) (State or foreign country)

{ 14. Maiden name Julia Garrett

{ 15. Birthplace Wabash Co. Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant O.R. Evans

(b) Address Albion, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-27-47
(Month) (Day) (Year)

(c) Place: burial or cremation Albion, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) NOV 28 1947 (Date received local registrar) (b) J.F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Edwards ⁹⁹⁹

(c) City or town Albion ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. 19 N. 7th ²
NR. (If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27
year 1947 hour 6 minute 55 A.M.

21. I hereby certify that I attended the deceased from September 12, 1947 to November 27, 1947
that I last saw him alive on November 27, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death atelectasis Duration

Due to generalized carcinoma - tosis

Due to 5.5

Other conditions (Include pregnancy within 3 months of death)

Major findings: no particular positive findings in abdomen.

Of operations no particular positive findings in abdomen.

Of autopsy generalized carcinoma - tosis.

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 0

23. Signature F. B. Long Jr. (M. D. or other) MD.

Address Barnes Hospital Date signed 11-27-47

80601

AUG 14 1981

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

Henry M. Brammer

Licensed Embalmer No.

4200

P. O. Address

St. Louis

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.