

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28026

FILED AUG 27 1949

State File No. 7237

318

1003

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____							
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>000</b>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>40 yr</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		17							
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3949 Cook ave</b>				d. STREET ADDRESS (If rural, give location) <b>3949 Cook ave</b>									
3. NAME OF DECEASED (Type or Print) <b>WHEELER</b>			a. (First)	b. (Middle)	c. (Last) <b>EVANS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>8 18 1949</b>							
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>		8. DATE OF BIRTH <b>Feb. 11 1878</b>							
9. AGE (In years last birthday) <b>71</b>		IF UNDER 1 YEAR Months		IF UNDER 1 HRS. Days		IF UNDER 1 HRS. Hours							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Janitor</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Church</b>			11. BIRTHPLACE (State or foreign country) <b>Russellville, Kentucky</b>							
12. CITIZEN OF WHAT COUNTRY?			13a. FATHER'S NAME <b>Steve Evans</b>		13b. MOTHER'S MAIDEN NAME <b>Julia Boyd</b>		14. NAME OF HUSBAND OR WIFE <b>Dead</b>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>none</b>		16. SOCIAL SECURITY NO. <b>487-14-1750</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Cora Evans</b>				ADDRESS <b>3949 Cook ave</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>My pericardial heart disease</b>  ANTECEDENT CAUSES DUE TO (b) <b>Heart disease</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <b>8-16-1949</b>							
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Regular falling</b>						21g. <b>480</b>					
22. I hereby certify that I attended the deceased from <b>8-17-1949</b> to <b>8-18-1949</b> , that I last saw the deceased alive on <b>8-17-1949</b> , and that death occurred at <b>8 A.M.</b> , from the causes and on the date stated above.								23a. SIGNATURE <b>J. A. Walker</b>		23b. ADDRESS <b>7092 W. Jefferson</b>		23c. DATE SIGNED <b>8/17/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/22/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County</b>							
DATE REC'D BY LOCAL REG. <b>AUG 19 1949</b>		REGISTRAR'S SIGNATURE <b>J. A. Walker</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>C.W. Roberts</b>				ADDRESS <b>1416 N. Taylor ave</b>				

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Fulton E. Culkin*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4198*

P. O. Address *1870*

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.