No. 300
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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 38466

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9173

0

**1. PLACE OF DEATH**
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (in this place): 23

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Baptist Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis 2239
d. STREET ADDRESS (If rural, give location): 1224 Ann Av 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Anna
b. (Middle):
c. (Last): Evanek

**4. DATE OF DEATH** (Month) (Day) (Year): Oct 26 1950

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Sept 21 1902
**9. AGE** (In years last birthday): 48 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): St Louis Missouri 0
**12. CITIZEN OF WHAT COUNTRY?**: U S

**13a. FATHER'S NAME**: Martin Arbet
**13b. MOTHER'S MAIDEN NAME**: Catherine Belko
**14. NAME OF HUSBAND OR WIFE**: Stephen Evanek

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Stephen Evanek 1224 Ann Av

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Nephritis

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Hypertension
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*: Cholecystitis & uterine fibroid

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**: Oct 10 1950
**19b. MAJOR FINDINGS OF OPERATION**: Fibroid
**20. AUTOPSY?** YES ☐ NO ☒

**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)

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** 214X

22. *I hereby certify that I attended the deceased from* Jan 1, 1950, *to* Oct 26, 1950, *that I last saw the deceased alive on* Oct 26, 1950, *and that death occurred at* 10 a. m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): J H Walton M.D. 0
**23b. ADDRESS**: 5 36 N Taylor
**23c. DATE SIGNED**: 10-24-50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial 0
**24b. DATE**: 10/30/50
**24c. NAME OF CEMETERY OR CREMATORY**: Concordia Cemetery
**24d. LOCATION** (City, town, or county) (State): St Louis MIssouri.

**DATE REC'D BY LOCAL REG.**: OCT 29 1950
**REGISTRAR'S SIGNATURE**: J B Lasater
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Moydell Funeral Home 1926 Allen Av

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 me

.....

working under my personal supervision.

Student Embalmer No.....

Signed Dale A. Stearman

Signed.....
Student Embalmer

Licensed Embalmer No. 4533

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.**