

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35009**
Registrar's No. **9410**

FILED NOV 8 1951

BIRTH NO. **56121-57** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **100**

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		e. STREET ADDRESS (If rural, give location) 1506 Gratiot	
3. NAME OF DECEASED (Type or Print) Paul		4. DATE OF DEATH (Month) (Day) (Year) Oct. 21 1951	
a. (First)		b. (Middle)	
c. (Last) Evans			
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 8/19/51
9. AGE (In years last birthday) 2		10. MONTHS 2	
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	
13a. FATHER'S NAME Leonard Evans		13b. MOTHER'S MAIDEN NAME Rosetta Hollins	
14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Leonard Evans		ADDRESS 1506 Gratiot	
MEDICAL CERTIFICATION			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diarrhea	
		INTERVAL BETWEEN ONSET AND DEATH 3 days	
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
		DUE TO (b) Malnutrition	
		DUE TO (c) Undetermined	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 772.0			
22. I hereby certify that I attended the deceased from 10-20 , 19 51 to 10-21 , 19 51 , that I last saw the deceased alive on 10-21 , 19 51 , and that death occurred at 3:25p m. , from the causes and on the date stated above.			
23a. SIGNATURE John N. Lewis		23b. ADDRESS 2601 N Whittier St	
23c. DATE SIGNED 10-22-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10/25/51	
24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE RECEIVED BY LOCAL REG. OCT 24 1951		REGISTRAR'S SIGNATURE J. E. Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE E. B. Kaune		ADDRESS 1221 N. Grand	

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 _____

Clarence Adams

Signed.....
Student Embalmer

Licensed Embalmer No. 4755

P. O. Address 1221 N. Grand

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.