

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14241**
3341

FILED APR 25 1952

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				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) OR TOWN ST. Louis		c. LENGTH OF STAY (in this place) 8 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 2206 Cass Ave			
3. NAME OF DECEASED (Type or Print) Frank		a. (First) _____		b. (Middle) James		c. (Last) Evans	
4. DATE OF DEATH 4 - 5 - 1952		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH I - I - 1902		9. AGE (In years last birthday) 50	
5. SEX Male		6. COLOR OR RACE COL.		10. DATE OF BIRTH I - I - 1902		11. AGE (In years last birthday) 50	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Automobile Car Washer		10b. KIND OF BUSINESS OR INDUSTRY Automatic Car Wash		11. BIRTHPLACE (City and State or Foreign Country) Benoit Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Ighia Evans		13b. MOTHER'S MAIDEN NAME Mary Evans		14. NAME OF HUSBAND OR WIFE Patsy Evans			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 491-34-0783		17. INFORMANT'S SIGNATURE OR NAME Patsy Evans ADDRESS 2206, Carr Street			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Uremia MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ DUE TO (b) Hypertensive Heart Disease DUE TO (c) _____ *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				INTERVAL BETWEEN ONSET AND DEATH 6 days			
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H43X			
22. I hereby certify that I attended the deceased from 3-31 , 19 52 to 4-5 , 19 52 , that I last saw the deceased alive on 4-5 , 19 52 and that death occurred at 3:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Larou W. Garrison (Degree or title) _____				23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 4-7-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/10/52		24c. NAME OF CEMETERY OR CREMATORY Benoit		24d. LOCATION (City, town, or county) (State) Mississippi	
DATE REC'D BY LOCAL REG. APR 9 1952		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS 2829, Washington Blvd			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address Atkins 13 MD

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.