

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11517**  
Registrar's No. **2334**

FILED MAR 24 1953

1003

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. \_\_\_\_\_

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

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. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>26 hrs</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Hornick &amp; Phillips</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b> <b>2259</b>	
d. STREET ADDRESS (If rural, give location) <b>25 1304 Biddle St</b>		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) <b>Sam</b>		c. (Last) <b>Evans</b>	
a. (First)		4. DATE OF DEATH (Month) (Day) (Year) <b>2 25 53</b>	
5. SEX <b>M</b>		6. COLOR OR RACE <b>Col</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>2-24-1900</b> <b>53</b>	
9. AGE (In years) (Month) (Day) (Hours) (Min.) <b>53</b>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Night Watchman</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>Meridian Miss</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>George Evans</b>		13b. MOTHER'S MAIDEN NAME <b>Emmerlee Smith</b>	
13c. NAME OF HUSBAND OR WIFE <b>Lulu Evans</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Lulu May Evans</b>		17. ADDRESS <b>1414 Biddle St</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>Massive Neurothrombosis, left</b> ANTECEDENT CAUSES <b>coronid: - dilatation of heart (apex)</b> <b>caused by the raids of air LaPal</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>caused by the raids of air LaPal</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>Keup, (col) by tower of 1219 No 13th St., about 7:30 pm</b>		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Feb 25 1953</b> <b>Homicide</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) <b>Homicide</b>		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <b>Tower</b>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <b>Feb 25 53 7p</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>F982X</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>7:37 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Patrick E Taylor</b>		23b. ADDRESS <b>Car. 31300 Clark</b>	
23c. DATE SIGNED <b>3.7.53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>3-2-53</b>		24b. DATE	
24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>		24d. LOCATION (City, town, or county) (State) <b>MO</b>	
DATE REC'D BY LOCAL REG. <b>MAR 2 1953</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>McEushowe</b>		ADDRESS <b>2930 Dickson St</b>	

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

Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4524 Aldine

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.