

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33175

State File No.

OCT 15 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8919**

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 30 yrs.		d. STREET ADDRESS (If rural, give location) 4550 Cote Brillante	
d. FULL NAME OF HOSPITAL OR INSTITUTION 20 Kingshighway			

3. NAME OF DECEASED a. (First) Armelda (Type or Print)			b. (Middle)			c. (Last) Evans			4. DATE OF DEATH Sept. 10, 1953 (Month) (Day) (Year)			
5. SEX Female			6. COLOR OR RACE Negro			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married			8. DATE OF BIRTH July 28, 1892			
9. AGE (in years last birthday) 61			IF UNDER 1 YEAR Months			IF UNDER 1 YEAR Days			IF UNDER 24 Hrs. Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY same				11. BIRTHPLACE (City and State or Foreign Country) Jefferson City, Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jerry Brinker			13b. MOTHER'S MAIDEN NAME Ida Koonce			14. NAME OF HUSBAND OR WIFE Zack Evans		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) --			16. SOCIAL SECURITY NO. none			17. INFORMANT'S SIGNATURE OR NAME Zack Evans, 4550 Cote Brillante ADDRESS		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Arteriosclerotic Heart Disease						1877/10	
		ANTECEDENT CAUSES							
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) _____							
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing 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) 421.4		(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?					

22. I hereby certify that I attended the deceased from **Aug 19, 1952** to **Sep 11, 1953**, that I last saw the deceased alive on **Sep 4, 1953**, and that death occurred at **6:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Samuel P. Stafford (Degree or title)		23b. ADDRESS 4260 S. Jean Keri		23c. DATE SIGNED 9/14/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/16/53		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery		24d. LOCATION (City, town, or county) St. Louis Co., Mo.		(State)	
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DATE REC'D BY LOCAL REG. SEP 15 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates		ADDRESS 4107 Finney Ave.	
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S.P. (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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____

Thomas J. Galt

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.