

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH OR FILED MAR 4 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0971

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 town 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)		d. STREET ADDRESS (If rural, give location) 1125 McCausland Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) JAMES	b. (Middle) JOSEPH	c. (Last) EVANS	4. DATE OF DEATH (Month) I (Day) 28 (Year) 54
-------------------------------------	------------------	--------------------	-----------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 6/8/1893	9. AGE (in years last birthday) 60	IF UNDER 1 YEAR Months 7 Days 20	IF UNDER 1 HRS. Hours Min.
-------------	------------------------	--	---------------------------	------------------------------------	----------------------------------	----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman	10b. KIND OF BUSINESS OR INDUSTRY St. Louis Fire Dept	11. BIRTHPLACE (State or foreign country) St. Louis	12. CITIZEN OF WHAT COUNTRY? Usa
---	---	---	----------------------------------

13a. FATHER'S NAME Micheal Evans	13b. MOTHER'S MAIDEN NAME Mary Corcoran	14. NAME OF HUSBAND OR WIFE Clara May Raiké Dec'd 9/15/50
----------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War # 1	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Lee Evans 1125 McCausland Ave.	ADDRESS
--	-------------------------	--	---------

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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 1/2 hrs</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 331X
--	--	---------------------------------

22. I hereby certify that I attended the deceased from 11-18-, 1953, to 1/28/54, 1954, that I last saw the deceased alive on 1/28/54, 1954, and that death occurred at 9.25 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>John M. Parato</u> (Degree or title) M.D.	23b. ADDRESS 1010 McCausland Ave	23c. DATE SIGNED 1/30/54
---	----------------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/1/54	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County Missouri
--	------------------	---	---

DATE REC'D BY LOCAL REG. FEB 1 1954	REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary 6633 Clayton Road	ADDRESS
-------------------------------------	--	---	---------

(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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Ernest W. Spillars*

Signed
Student Embalmer

Licensed Embalmer No. *4080*

P. O. Address

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.