

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 26 1957

State File No. 15169

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3302

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 C St. Louis		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 25 City Hospital			e. STREET ADDRESS (If rural, give location) 2410 1372 Louisville		
3. NAME OF DECEASED (Type or Print) Fred Evert		a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Apr 3 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sep 12 1888	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR: Months Days IF UNDER 4 HRS: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. Railroad	11. BIRTHPLACE (City and State or Foreign Country) Brodhead Ky		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Wade Purcell		13b. MOTHER'S MAIDEN NAME Lou Owens		14. NAME OF HUSBAND OR WIFE Edith Johansen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 702 14 4355	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Egbert Griffin 6251 O'Dell		
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, ashenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* MEDICAL CERTIFICATION Ruptured Bowel; Multiple Fractures; suffered while struck by car operated by <i>Raymond Kuehler</i> on front of about 1616 40th St. about 7:53 pm April 3 1957. EB12.4. 25			INTERVAL BETWEEN ONSET AND DEATH
		2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		3. 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 April 3 1957. EB12.4. 25				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE) St. Louis Mo			
21d. TIME OF INJURY 4 3 57 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? DD			
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 8:17 p.m., from the causes and on the date stated above.					
23a. SIGNATURE James M. Kelly, M.D.			23b. ADDRESS 1300 Clark		23c. DATE SIGNED 4-5-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Apr 8 57	24c. NAME OF CEMETERY OR CREMATORY Mount Lebanon CEM.		24d. LOCATION (City, town, or county) (State) St. Louis Cty, Mo.	
DATE REC'D BY LOCAL REG. APR 5 '57	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E.J. Schnur 3125 Lafayette		

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.....
Signature of Student Embalmer

Signed.....
Thomas R. Senwick

Licensed Embalmer No. 3793

P. O. Address 3125 Lafayette

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.