

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 20 1957

57-022487
STATE FILE NUMBER 3568

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3568

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Madison ✓	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN ST. LOUIS, MISSOURI Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Wood River 8120 8 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in Ib HOSPITAL OR INSTITUTION BARNES HOSPITAL 9 days		32 STREET ADDRESS (If outside, give location) Reside on Farm 973 Whitelaw Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last TENA H. EVANS			4. DATE OF DEATH Month Day Year JUNE 13, 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 1, 1896
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Executive		10b. KIND OF BUSINESS OR INDUSTRY Department Store	11. BIRTHPLACE (City and state or country) Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME John Gronewald	
14. MOTHER'S MAIDEN NAME Lena Fene		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. Unknown		17. INFORMANT Address Edward H. Evans, Wood River, Ill.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Cervix - Clinical Stage 3 (primary site) DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH Sev. Wks.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 171x		20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from JUNE 4, 1957 to JUNE 13, 1957 and last saw her alive on JUNE 13, 1957 Death occurred at 2:45 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) C. E. Vermillion, M.D.		22b. ADDRESS BARNES HOSPITAL	
22c. DATE SIGNED 6/13/57		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 6-13-57		23c. NAME OF CEMETERY OR CREMATORY Upper Alton Cemetery	
23d. LOCATION (City, town, or county) (State) Upper Alton, Ill.		24. FUNERAL DIRECTOR ADDRESS Jacoby Bros. Funeral Home, Jerseyville, Ill.	
25. DATE RECD. BY LOCAL REG. JUN 14 '57		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.	

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

