

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-034673

FILED OCT 13 1959

317

Primary Registration District No. **547**

Registrar's No. **2554**

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY St Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St Louis					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights		Length of stay in 1b 20 days		c. CITY OR TOWN Kirkwood		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Marys Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R.R. 13 Box 476		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Albert Middle Evans Last Evans				4. DATE OF DEATH Month Sept. Day 23 Year 1959					
5. SEX Male		6. COLOR OR RACE W		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-29-1884		9. AGE (last birthday) 75 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HR: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Relief executive			10b. KIND OF BUSINESS OR INDUSTRY American Red Cross		11. BIRTHPLACE (City and state or country) England		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME John Evans			13b. MOTHER'S MAIDEN NAME Jennie Hawse			14. NAME OF HUSBAND OR WIFE Adelaide Margaret Evans			
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. none		17. INFORMANT Address Kirkwood 22 Mrs Adelaide Margaret Evans R.R. 13 MO				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septemia - Ch. Pylori infection DUE TO (b) Hypertensive Cardio Vascular DUE TO (c) Diurnal Arrhythmia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH 9-19-59	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART (a) Ca Bladder 1952						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		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 Kirkwood		COUNTY Mo.		STATE Mo.			
21. I attended the deceased from 11-15 am 59 to 9-23-59 and last saw him alive on 9-23-59 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) James P. Wood MD				22b. ADDRESS 634 N. Bond		22c. DATE SIGNED 9/24/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-25-1959		23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		23d. LOCATION (City, town, or county) (State) Kirkwood, Mo.			
24. FUNERAL DIRECTOR Louis H. Bopp, Inc. Kirkwood 22 Mo.				25. DATE RECD. BY LOCAL REG. 9-25-59		26. REGISTRAR'S SIGNATURE John B. Murphy M.D.			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Francis J. Myland Jr.

Licensed Embalmer No. *4512*

P. O. Address *Kirkwood, Mo.*

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.