

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-026783
STATE FILE NUMBER

XC-20720653
AMENDED

SL 23737
Registered District No. 318
Filed AUG 14 1961

Primary Registration District No. 1003
Registrar's No. 7266

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF
ITEM NO.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY ST. CLAIR		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND, ST LOUIS, MO.		Length of stay in 1b 29 DAYS	c. CITY OR TOWN CAHOKIA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS. ADMIN. HOSPT.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 205 PLUM STREET		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ERVIN W. EVANS			4. DATE OF DEATH Month Day Year AUGUST 4 1961		
5. SEX MALE	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 11/25/87	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED RAILROAD WORKER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) RICHWOODS, MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME THOMAS J. EVANS		13b. MOTHER'S MAIDEN NAME MAY T. PATTON	14. NAME OF HUSBAND OR WIFE LOUISE EVANS		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service) YES WW I			17. INFORMANT Address LOUISE EVANS, WIDOW, SEE #2		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) METASTATIC BRONCHIOGENIC CARCINOMA					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)			162.1
		DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				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		COUNTY STATE
21. <input checked="" type="checkbox"/> attended the deceased from 7/6/71 to 8/4/61 and last saw ^{body} him alive on 8/4/61 Death occurred at 5:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>William J. Smith M.D.</i>			22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 8/4/61
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Removed	8-7-1961	Odd Fellows Cemetery		St. Clair, Mo.	
24. FUNERAL DIRECTOR ADDRESS John J. Kassly East St. Louis, Ill.			25. DATE RECD. BY LOCAL REG. AUG 4 1961		26. REGISTRAR'S SIGNATURE <i>Coal Smith M.D.</i>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

An oral pronouncement of funeral

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.

NOT EMBALMED

Student _____
Signature of Student Embalmer

Signed

John J. Cassidy B.S. J.C.
Licensed Embalmer No. _____

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.