

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

Primary Registration District No.

1003

Registrar's No.

11097

61-042376

STATE FILE NUMBER

AMENDED

Registration District No. **FILED DEC 12 1961**

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, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		d. STREET ADDRESS (If outside, give location) 4561 Evans	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Henrietta Middle Evans Last Evans	4. DATE OF DEATH Month 11 Day 25 Year 61
---	--

5. SEX Female	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-2-98	9. AGE (last birthday) 63	IF UNDER 1 YEAR Months 1 Days 3	IF UNDER 24 HR Hours 3 Min.
-------------------------	----------------------------------	---	------------------------------------	-------------------------------------	--	---------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HAIRDRESSER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) FLORANCE A.A.	12. CITIZEN OF WHAT COUNTRY
---	-----------------------------------	--	-----------------------------

13a. FATHER'S NAME ROBERT RICE	13b. MOTHER'S MAIDEN NAME VIRGINIA P	14. NAME OF HUSBAND OR WIFE ATKINS 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. ---	17. INFORMANT ATKIN EVANS	Address 4561 EVANS
---	---------------------------------------	-------------------------------------	------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH Undet.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 491x		
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
---	--	---

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 7:42 a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	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 ST. LOUIS	COUNTY MO.	STATE
--	--	--	----------------------	-------

21. I attended the deceased from **11-7-61** to **11-25-61** and last saw her **11-25-61** alive on **11-25-61**
Death occurred at **7:42** P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>J. P. Richards</i> (Degree or title)	22b. ADDRESS 2601 N. Whittier Street	22c. DATE SIGNED 11-27-61
---	--	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-12-61	23c. NAME OF CEMETERY OR CREMATORY WASHINGTON PK.	23d. LOCATION (City, town, or county) (State) ST. LOUIS CO., MO.
---	------------------------------	---	--

24. FUNERAL DIRECTOR WALTER STODDARD	ADDRESS 2707 Stoddard	25. DATE RECD. BY LOCAL REG. NOV 29 1961	26. REGISTRAR'S SIGNATURE <i>Good Smith, M.D.</i>
--	---------------------------------	--	--

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1 28 1941 08-41

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 *H. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *1123 N. Jay*

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.