

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-003717 STATE FILE NUMBER

Primary Registration District No. 1003 Registrar's No. 359

318

FILED JAN 19 1962

AMENDED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Lukes Hospital</i>		d. STREET ADDRESS (If outside, give location) <i>4133 SAN FRANCISCO</i>	

3. NAME OF DECEASED (Type or print) First <i>LEONA</i> Middle <i>MAE</i> Last <i>EVANS</i>			4. DATE OF DEATH Month <i>1</i> Day <i>8</i> Year <i>62</i>			
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>1-22-88</i>	9. AGE (last birthday) <i>73</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Social Worker</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>St. Louis Family &amp; Children's Service</i>	11. BIRTHPLACE (City and state or country) <i>So. Bend, Ind.</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
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13a. FATHER'S NAME <i>ISSAC Moxley</i>	13b. MOTHER'S MAIDEN NAME <i>FRANCES L. JeFFeries</i>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT <i>Mrs. Minnie Smith</i>	Address <i>4133 San Francisco</i>
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bronchopneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>13 days</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)		
DUE TO (c) <i>491X</i>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Rheumatoid arthritis</i>		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
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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.)
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20c. TIME OF INJURY Hour 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
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21. I attended the deceased from <i>1948</i> to <i>death</i> and last saw her alive on <i>1-8-62</i> Death occurred at <i>12:05</i> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>Grace E. Bergner, M.D.</i>	(Degree or title)	22b. ADDRESS <i>114 N. Taylor Ave. (8)</i>	22c. DATE SIGNED <i>1-9-62</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>1-10-62</i>	23c. NAME OF CEMETERY OR CREMATORY <i>MARcellus</i>	23d. LOCATION (City, town, or county) (State) <i>Michigan</i>
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24. FUNERAL DIRECTOR <i>GORDON-English</i>	ADDRESS <i>1123 N. Taylor</i>	25. DATE RECD. BY LOCAL REG. <i>JAN 9 1962</i>	26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

OFFICIAL COPY

**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 *W. Claude Gordon*

Licensed Embalmer No. 3489

P. O. Address 1123 N. Taylor

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.