

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032435

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7917

FILED AUG 22 1962

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis,		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY		c. CITY OR TOWN St. Louis,		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>																						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6039 Hartford Str.				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6039 Hartford Str.				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>																						
3. NAME OF DECEASED (Type or print) LESTER W. EVANS			4. DATE OF DEATH Aug. 11th, 1962			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 11-6-1902			9. AGE (last birthday) 59			10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Storekeeper			10b. KIND OF BUSINESS OR INDUSTRY St. Louis Water Div.			11. BIRTHPLACE (City and state or country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME James P. Evans						13b. MOTHER'S MAIDEN NAME Frances Zehnpfennig						14. NAME OF HUSBAND OR WIFE Ruth E. Evans																				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None												17. INFORMANT Ruth E. Evans-6039 Hartford Str.						Address														
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Collagen Dyscrasia - Lupus Erythematosus												INTERVAL BETWEEN ONSET AND DEATH 6 mo.						DUE TO (b) Diabetes Mellitus mild						INTERVAL BETWEEN ONSET AND DEATH 2 year								
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.												DUE TO (c) 260x						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 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 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. I attended the deceased from 1954 to 8-11-62 and last saw her/him alive on 8-11-62 Death occurred at 6:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.												22a. SIGNATURE (Degree or title) James J. Leporello MD						22b. ADDRESS 1931 Marconi						22c. DATE SIGNED 8-13-62								
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE Aug. 14, 1962			23c. NAME OF CEMETERY OR CREMATORY Calvary			23d. LOCATION (City, town, or county) St. Louis,			Mo.																				
24. FUNERAL DIRECTOR Kriegshauser-4228 S. Kingshighway Blvd.						25. DATE RECD. BY LOCAL REG. AUG 13 1962						26. REGISTRAR'S SIGNATURE Roald Smith, M.D.																				

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 Edwin A. McKeown

Licensed Embalmer No. 3024

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, facts should be so stated above.