

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-008583

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2206 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 8 1963

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Chronic Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY St. Louis
 c. CITY OR TOWN St. Louis
 d. STREET ADDRESS (if outside, give location) 1012A N. Compton.

3. NAME OF DECEASED (Type or print)
 First LULU Middle EVANS Last EVANS

4. DATE OF DEATH
 Month February Day 25 Year 1963

5. SEX Female 6. COLOR OR RACE Color 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 6-15-1876 9. AGE (last birthday) 86

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

13a. FATHER'S NAME Nathan Matthews 13b. MOTHER'S MAIDEN NAME Malissa Burks 14. NAME OF HUSBAND OR WIFE *

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No
 16. SOCIAL SECURITY NO. Wilson Blake 918 N. Compton Ave
 17. INFORMANT Address Wilson Blake 918 N. Compton Ave

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Myocardial Infarction
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease
 DUE TO (c) 4200
 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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
 20c. TIME OF INJURY Hour 5:35 a.m. p.m. Month, Day, Year 9-15-61
 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
 20f. CITY, TOWN, OR LOCATION St. Louis COUNTY Co STATE Mo.

21. I attended the deceased from 9-15-61 to 2-25-63 and last saw her/him alive on 2-25-63
 Death occurred at 5:35 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Angela B. Crisler (Degree or title) 22b. ADDRESS 5800 Arsenal. 22c. DATE SIGNED FEB 27 1963

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 3-2-1963 23c. NAME OF CEMETERY OR CREMATORY Father Dickson 23d. LOCATION (City, town, or county) (State) St. Louis Co Mo.

24. FUNERAL DIRECTOR JAS H. RANDLE & SON 3133 Bell Ave ADDRESS 3133 Bell Ave 25. DATE RECD. BY LOCAL REG. FEB 27 1963 26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

VS 300 Rev. 4/59

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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ

DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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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

Ether H. Harris

Licensed Embalmer No. 4458

P. O. Address 4181 Washington

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.