

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-046036

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **12024** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 12 1963

VS 300 Rev. 4/59
1
28120
3
4 /
5 /
6
7 /
8 /
9
10
11
12 61-0
13

DATE AMENDED

1-2-64
1-2-64
1-2-64

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

1-2-6-63
Newtonia Odd Fellows Granby, Mo.
DOCUMENT

SHOULD READ

12-23-63
National Cemetery
Jefferson Barracks
BY AFFIDAVIT of Funeral Director

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY St. Louis, Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois COUNTY St. Clair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		c. CITY OR TOWN East St. Louis.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge Hospital		d. STREET ADDRESS (If outside, give location) 9120 Summit	
3. NAME OF DECEASED (Type or print) First Middle Last Evelyn Pauline SHREEVE		4. DATE OF DEATH Month Day Year December 3, 1963	
5. SEX Female	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 3/31/1918
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Tennessee
13a. FATHER'S NAME Patrick Gibson		14. NAME OF HUSBAND OR WIFE Harry W.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of No. Nil.) No Nil.		17. INFORMANT Address Harry W. Shreeve, 9120 Summit East St. Louis, Ill.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Dissecting aneurysm, aorta. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) Arteriosclerosis - femoral artery.		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 hours 5+ years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Mitral Stenosis & Insufficiency due to fever		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 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.) 451x	
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 11/29/63 to 12/3/63 and last saw her alive on 12/3/63 Death occurred at 4:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) P. Rollins Haulon M.D.		22b. ADDRESS 1325 S. GRAND BLVD St. Louis 9	
22c. DATE SIGNED 12/4/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-8-63	23c. NAME OF CEMETERY OR CREMATORY National Cemetery Newtonia Odd Fellows	23d. LOCATION (City, town, or county) (State) Jefferson Barracks Granby, Missouri.
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe Inc., 4700 Washington,		25. DATE RECD. BY LOCAL REG. REGISTRAR'S SIGNATURE DEC 5 1963 Roan 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 _____

Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St Louis, Mo

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.