

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **44698**

FILED DEC 29 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 3238

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves</u> c. LENGTH OF STAY (In this place) <u>2 Years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>212 Glen Road</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> c. CITY OR TOWN <u>Webster Groves</u> <u>4581</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>212 Glen Road</u>	
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<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>LOUIS</u> b. (Middle) <u>ANTHONY</u> c. (Last) <u>McEVOY</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>12-17-1953</u>
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<b>5. SEX</b> <u>M</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>5-30-1902</u>	<b>9. AGE</b> (In years last birthday) <u>51</u> # UNDER 1 YEAR Months Days # UNDER 24 HRS. Mins.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Sporting Goods</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Williamsburg Kansas</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
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<b>13a. FATHER'S NAME</b> <u>Henry J McEvoy</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Catherine McGinty</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Maxine McEvoy</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>572-16-4949</u>	<b>17. INFORMANT'S SIGNATURE OR NAME ADDRESS</b> <u>Mrs. John Dodge 212 Glen Rd.</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <u>Carcinoma of oesophagus</u>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>About 6 mo.</u>
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<b>19a. DATE OF OPERATION</b> <u>Sept. '53</u>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>150x</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from 9-7-53, 1953, to 12-17-53, 1953, that I last saw the deceased alive on 12-16-53, 1953, and that death occurred at 2:55a m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>[Signature]</u> (Degree or title) <u>M.D.</u>	<b>23b. ADDRESS</b> <u>19 E. Lockwood, Webster Groves 19, Mo.</u>	<b>23c. DATE SIGNED</b> <u>12-18-53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>	<b>24b. DATE</b> <u>12-21-1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>St. Patricks Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Williamsburg Kansas</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>12/19/53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS</b> <u>[Signature] 7. Home Webster Groves Mo.</u>
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