

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

File No. 7625084

1. PLACE OF DEATH

County *St. Louis* Registration District No. *1160*  
Township *Central* Primary Registration District No. *4470*  
City *Northmore* St. *7366 Northmore* Ward

2. FULL NAME

(a) Residence (Usual place of abode) *7366 Northmore St.* Ward  
Length of residence in city or town where death occurred *25* yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *widowed*  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Nellie Evans*  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) *about 1860*  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_hra. or \_\_\_\_\_min. *about 68*  
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *Rail Road Man* (b) General nature of industry, business, or establishment in which employed (or employer) *Retired 6 years* (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Illinois* (STATE OR COUNTRY)

10. NAME OF FATHER *James Evans*  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*  
12. MAIDEN NAME OF MOTHER *Unknown*  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

14. INFORMANT *Ella Bremer* (Address) *7366 Northmore St.*

15. FILED *July 26, 1928* *Geo. W. Gould M.D.* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *July 25 1928*  
17. I HEREBY CERTIFY That I attended deceased from *July 1928* to *July 25, 1928* and that I last saw him alive on *July 23, 1928*, and that death occurred, on the date stated above, at *8:30 a.m.*  
THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*42% Apoplexy*  
(duration) *4* yrs. *4* mos. *25* ds.

CONTRIBUTORY (SECONDARY) *None*

18. WHERE WAS DISEASE CONTRACTED *at*  
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY?.....  
WHAT TEST CONFIRMED DIAGNOSIS? (Signed) *A. A. Smith* M. D.

*7-26, 1928* (Address) *5850 Highland*

\*State the DISEASE CAUSING DEATH, or if deaths from VIOLENT CAUSES, state (1) MANNER AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Punchneyville Ill* DATE OF BURIAL *July 27 1928*

20. UNDERTAKER *Wm. L. Moydell* ADDRESS *1926 Allen*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

