

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

Do not use this space.

23002

1. PLACE OF DEATH

County..... Registration District No. 23
Township..... Primary Registration District No. 10
City St. Louis (No. City Hosp.)

File No.
Registered No. 6444
St. Ward)

3595

2. FULL NAME

(a) Residence. No. 1814² Ohio St., 23 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 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 married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 11 - 1896

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,	hrs. or	min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Painter
(b) General nature of industry, business, or establishment in which employed (or employer). 61
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Gus Evans

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Delia Meesey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. Hospital information INFORMANT: Joseph J. Goss (Address) 2115 S. Vandeventer

15. I, Mary C. Harkley REGISTRAR
FILED 9 1931

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 8th 1931

17. I HEREBY CERTIFY, That I attended deceased from May 31st 1931 to June 8th 1931 that I last saw alive on June 8th 1931, and that death occurred, on the date stated above, at 8:50 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chr. Endocarditis & Myocarditis
(duration)

CONTRIBUTORY (SECONDARY) Chr. Atherosclerosis
(duration)

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

DID AN OPERATION PRECEDE DEATH? No DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) James J. Quinn, M. D.

6/8/1931 (Address) City Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Desoto MO DATE OF BURIAL 6-10 1931

20. UNDERTAKER McLaughlin ADDRESS 1631 MO

