

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

Do not use this space.

9994

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1123
Township Carondelet Primary Registration District No. 6248 B
City Koch Mo (No. Koch Hospital) St. _____ Ward _____

File No. _____
Registered No. 92
St. _____ Ward _____

2. FULL NAME

Albert Evans
(a) Residence No. Koch Hosp St. _____ Ward _____
(Usual place of abode) Koch Mo (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 6 mos. 2 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) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1899-7-1

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	32	8	16	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work machinist
(b) General nature of industry, business, or establishment in which employed (or employer) 60
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo
(STATE OR COUNTRY) Mo

10. NAME OF FATHER William Evans

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis Mo
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER (?)

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

14. INFORMANT Koch Hosp Records
(Address) Koch Mo

15. FILED Mch 17 1932 L. C. Olsrok REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 17th 1932

17. I HEREBY CERTIFY, That I attended deceased from 8/26, 1931 to 3/17, 1932
that I last saw h. alive on 3/17, 1932, and that death occurred, on the date stated above, at 8:25 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
(Far Advanced)
7 3/4 (duration) 1 yrs 3 mos. 0 ds.

CONTRIBUTORY (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? 1 X-ray 2 Sputa 3 Culture
(Signed) Benj. Michalouis, M. D.

3/17, 1932 (Address) Koch Hosp. Koch Mo

*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 St. Peter Paul Em DATE OF BURIAL 8/19 1932

20. UNDERTAKER A. J. Donnelly ADDRESS 2039 Wed St

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

APR 9 1932

