

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

Do not use this space.

14308

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis No. 2608 Glasgow St. \_\_\_\_\_ Ward \_\_\_\_\_  
Registered No. 3644

**2. FULL NAME**

(a) Residence, No. 2608 Glasgow St. 20 Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Julia Evans</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 7-1895</u>		
7. AGE	YEARS <u>37</u>	MONTHS <u>1</u>
	DAYS <u>11</u>	IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Printer 245</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

FATHER 13. NAME William Evans

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

MOTHER 15. MAIDEN NAME Lucy Morris

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

17. INFORMANT (ADDRESS) Julia Evans 2608 Glasgow

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE 4-16-32

19. UNDERTAKER (ADDRESS) EMENT - SON 2700 WASH. ST.

20. FILED W. H. Starnes Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL/II 1932

22. I HEREBY CERTIFY, That I attended deceased from March 15 1932 to April 11 1932

I last saw him alive on April 8 1932

Death is said to have occurred on the date stated above, at 9A m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset

2 hrs

Other contributory causes of importance:

Anaeurism Of AOerta

Imo.

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?..... NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify W. H. Starnes

(Signed) W. H. Starnes M. D.

(Address) 1336 FRANKLIN ST. LOUIS MO

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.

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

