

WRITE PLAINLY WITH FADING INK--THIS IS A PERMANENT RECORD

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.

JAN 5 1933

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

Do not use this space.

37029

1. PLACE OF DEATH  
 County St. Louis, Registration District No. 790 File No. \_\_\_\_\_  
 Township Central Primary Registration District No. 6033 Registered No. \_\_\_\_\_  
 City Clayton (No. St. Louis County Hospital Ward)

2. FULL NAME Kenneth Evans,  
 (a) Residence, No. 6635 Wise Av. St. \_\_\_\_\_ 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 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) 1913-4-11

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>19</u>	<u>7</u>	<u>13</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laboren, 206R

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General. 337

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) St. Louis, Mo. 1

MOTHER FATHER

13. NAME George J. Evans, 20

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. 20

15. MAIDEN NAME Emma Wolff,

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

17. INFORMANT George J. Evans,  
 (ADDRESS) 6635 Wise Av.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Sunset Burial Park DATE 11/26/32 19. \_\_\_\_\_

19. UNDERTAKER Robert G. Hunter, Inc.,  
 (ADDRESS) Clayton Road at Concordia Lane.

20. FILED Nov. 26 1932 R. W. Sullivan  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 24th, 19 32

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19 \_\_\_\_\_, to \_\_\_\_\_, 19 \_\_\_\_\_

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19 \_\_\_\_\_ Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:  
Riding as a passenger in an automobile which collided with a tree in Pacific Heights, Virginia. This is a terrible accident.

Other contributory causes of importance:  
Fractured skull

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
Chymical signs (5) 20  
 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? Accident Date of injury 11/24/32  
 Where did injury occur? Public place (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Auto accident  
 Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased? No.  
 If so, specify \_\_\_\_\_

(Signed) John C. Applegate, M. D.  
 (Address) Corcoran St. Louis County.

FEB 16 1942