

APR 25 1934

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

Do not use this space.

14422

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City *St. Louis Mo* (No. *Jewish Hospital*)

File No.

Registered No. 3596

St. Ward)

2. FULL NAME *William George Evers*(a) Residence, No. *4212 Pleasant* St. *10* Ward.

(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 *M* 4. COLOR OR RACE *W.* 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) *July 22 1886*7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
*47 8 07*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Shoemaker*

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) *St. Louis, Mo.*13. NAME *Wm Evers*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*15. MAIDEN NAME *Minna Evers*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo*17. INFORMANT *Benjamin Evers* (ADDRESS) *4212 Pleasant St.*18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Peters Cemetery* DATE *April 11 1934*19. UNDERTAKER *J. F. Paschdag* (ADDRESS) *2825 N. Grand Blvd.*20. FILED *APR 10 1934* Registrar. *J. Bredeck*

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 8 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 27 1934*, to *April 8 1934*.I last saw him alive on *April 8 1934*. Death is said to have occurred on the date stated above, at *11:30 P.M.*

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

Tubercular Pneumonia Date of onset

Other contributory causes of importance:

Heart block

(Name of operation) Date of

What test confirmed diagnosis? Was there an autopsy?

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.

(Signed) *William B. ...*, M. D.(Address) *19189 Grand Ave*

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.

