

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.

JUN 2 1935

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis (No. 1621 Semple Ave. St. Ward)

17825  
File No. ....  
Registered No. 4138  
St. .... Ward)

2. FULL NAME William Edward Evans

(a) Residence, No. 1621 Semple Ave St. 6 Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grace Evans

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
48 0 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foundry  
10. Date deceased last worked at this occupation (month and year) 1931  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Newburg  
(STATE OR COUNTRY) Missouri

13. NAME Harry Evans

14. BIRTHPLACE (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

15. MAIDEN NAME Emma Delashmit

16. BIRTHPLACE (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

17. INFORMANT Grace Evans  
(ADDRESS) 1621 Semple Ave

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Newburg Mo. DATE May 8, 1935

19. UNDERTAKER A. St. M. Langhin  
(ADDRESS) 2301 Lafayette

20. FILED MAY - 7 1935 J. L. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 25 35 to May 7 35  
I last saw him alive on May 5 1935 Death is said to have occurred on the date stated above, at 6 AM.

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

Lymphatic Leukemia Date of onset

Other contributory causes of importance:

Name of operation Spleen Date of operation No  
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? No  
If so, specify

(Signed) Mrs. D. Evans  
(Address) 1446 E. Grand

