WRITE PLAINLY, WITH UNFADING 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.

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

Do not use this space.

JUL 14 1936

791

1003

24293

File No.

Registered No. 5907

1. PLACE OF DEATH

County

Township

City St. Louis (No. Barnes Hosp. St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Charles H. Evans

(a) Residence, No. 3715 Olive St. St., 19 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5a. [redacted], WIDOWED, [redacted] HUSBAND OF (OR) [redacted] Emma A. Evans

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18-1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	81	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

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

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) Washington Indiana

FATHER

13. NAME Wm Evans

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

MOTHER

15. MAIDEN NAME Mary Jones

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

17. INFORMANT Mary E. Bobbitt
(ADDRESS) 3715 Olive St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE June 8, 1936

19. UNDERTAKER Wagoner Rud Co.
(ADDRESS) 3621 Olive St.

20. FILED JUN 8 1936, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/4, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1936, to June 4, 1936

I last saw him alive on June 4, 1936 Death is said to have occurred on the date stated above, at 7 p. m.

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

	Date of onset
Carcinoma of Stomach	May 36
HOC	
Other contributory causes of importance: Arterio-Sclerotic Heart Disease	1936

Name of operation O Date of

What test confirmed diagnosis? Clinical Was there an autopsy? O

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) Arthur E. Strauss, M. D.

(Address) 607 N. Grand Ave.

100M-3-28-35

Mr. Francis