FEB 23 1937

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

Do not use this space.

File No. 4463.

Registered No. 9

Registration District No. 1160

Primary Registration District No. 4470

1. PLACE OF DEATH
County St. Louis
Township
City St. Louis (Ward) (No. 7257 Northmoor Dr. St. Ward)

2. FULL NAME Andrew Evans
(a) Residence, No. 7257 Northmoor Dr. 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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Evans

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1, 1868

7. AGE: Years 68 | Months 1 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Team Owner
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

FATHER
13. NAME Dont Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT Mr. Charles Evans
(ADDRESS) 7257 Northmoor Dr.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Jan. 20, 1937

19. UNDERTAKER C. V. WINANE BROS.
(ADDRESS) 1710 N. GRAND BLVD.

20. FILED Jan. 19, 1937 Lena V. Moeller D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5th 37, to Jan. 17th 37, I last saw him alive on Jan. 16th 37. Death is said to have occurred on the date stated above, at 4.20am
The principal cause of death and related causes of importance were as follows:

Cardio-nephritis — Date of onset

Other contributory causes of importance:
Diabetes Mellitus

Name of operation Date of
What test confirmed diagnosis? Usual 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
(Signed) W. J. Gallagher, M. D.
(Address) Mo. Theatre Bldg.

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.