FEB 16 1938

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

Do not use this space.

4144

1. PLACE OF DEATH
County St Louis — Registration District No. 96 — File No.
Township Bonhomme — Primary Registration District No. — Registered No. 164
City Valley Park, Mo. (No. 163 St. 165 Ward)

2. FULL NAME John N. Evarad (also under Eberhardt)
(a) Residence, No. 15 Jefferson St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine Evarad
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17 1886
7. AGE Years 71 Months 8 Days 6 If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME Louis Evarad
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis. Co.

MOTHER
15. MAIDEN NAME Jane Prey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Josephine Evarad Valley Park, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE High Ridge, Mo. DATE 1/25/38
19. UNDERTAKER (ADDRESS) Kenneth W. Koch Fenton, Mo
20. FILED 1-24 1938 T. R. Meyer M.D. Dr. P.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/23/38

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1925, to Jan 23, 1938
I last saw him alive on Dec 28, 1937. Death is said to have occurred on the date stated above, at 3:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1925

Other contributory causes of importance: 93C

Name of operation ..... Date of .....
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? ..... 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) Andrew Youngman, M. D.
(Address) Sappington Mo

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.

LB

This is to certifiey that I Kenneth W. Hoch prepared the body on reverse side for burial, this 23rd day of Jan. 1938 Lic. No 3047

Signed D. Kenneth W. Hoch