

REC'D APR 1 1938

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

8903

Do not use this space.

1. PLACE OF DEATH **Homer G Phillips Hospital**

(a) County ..... Registration District No. **1003**

(b) Township ..... Primary Registration District No. **N Whittier**

(c) City **St. Louis** (d) Street No. **2601** (If death occurred in Hospital or Institution, write its name instead of street and number) St.

(e) Length of residence in city or town where death occurred **20** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Lawrence Evans 152**

(a) Residence, No. **10 R Jameson** St. **22** (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **unknown**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **August 26, 1904**

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

**33 6 13**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **waiter**

9. Industry or business in which work was done, as 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) **Missouri** (STATE OR COUNTRY)

13. NAME **Al Renfro**

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

15. MAIDEN NAME **Mildred Evans**

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

17. INFORMANT **Evelyn Hilliard** (ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **March 14, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **U. S. Real Estate**

20. FILED **MAR 14 1938** **J. P. Breda**

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 9** 19 **38**

22. I HEREBY CERTIFY, That I attended deceased from **Feb. 19** 19 **38** to **March 9** 19 **38**

I last saw him alive on **March 9** 19 **38** Death is said

to have occurred on the date stated above, at **6:50 a.m.**

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

**Frost bite of both feet**

Date of onset **2/19/38****38**

Other contributory causes of importance:

**Secondary infection**

**Moist gangrene**

**Lues**

Name of operation ..... Date of .....

What test confirmed diagnosis? **clinical** 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) **J. P. Breda**, M. D.

(Address) **2601 N Whittier**

STATE OF ILLINOIS

DEPARTMENT OF HEALTH  
DIVISION OF ANATOMY

STATE OF ILLINOIS  
DEPARTMENT OF HEALTH

THIS IS TO CERTIFY THAT THE BODY RECORDED ON THE REVERSE SIDE OF THIS CERTIFICATE WAS EMBALMED BY  
*Biddie Beal Anderson*  
LICENSED EMBALMER NO. *2929*

STATEMENT BY LICENSED EMBALMER

I, *Biddie Beal Anderson*, Licensed Embalmer No. *2929*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *Biddie Beal Anderson*

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed *Biddie Beal Anderson*

Licensed Embalmer No. *2929*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)