

31 1939

AUG 7 1939

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

26907  
Do not use this space.

1. PLACE OF DEATH

(a) County Saint Louis / Registration District No. 784  
(b) Township Carondelet / Primary Registration District No. 2nd Registered No. 1366  
(c) City Jefferson Barracks (d) Street No. Unkn. (If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Oscar F. Evers

(a) Residence, No. 5525 Delor Avenue, Saint Louis St.  Missouri.  
(Usual place of abode, if no street address, write county or city) (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 Mrs. Anna Evers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2, 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
43 3 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Baker  
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) Saint Louis, Missouri.

13. NAME John Evers

14. BIRTHPLACE (CITY OR TOWN) Saint Louis, Missouri

15. MAIDEN NAME Matilda Tanner

16. BIRTHPLACE (CITY OR TOWN) Illinois

17. INFORMANT Clifford Evers, V.F., Jefferson Barracks, Missouri.

18. BURIAL, CREMATION OR REMOVAL PLACE Our Cemetery DATE Aug 2, 1939

19. FUNERAL DIRECTOR (NAME) Richardson Funeral Home  
(ADDRESS) 1936 St. Louis Ave

20. FILED JUL 31 1939 RR May MD PH  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1939, to July 31, 1939

I last saw him alive on July 31, 1939. Death is said to have occurred on the date stated above, at 6:00A.M.

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

Myocarditis, chronic, with Cardiac hypertrophy (hypertensive heart disease). Date of onset Unkn.

Other contributory causes of importance: 93C  
Cystitis, ulcerative, type undetermined. Unkn.

Name of organ None Date of None  
What test confirmed diagnosis? Autopsy Was there an autopsy? YES

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) C. L. HUGHES, Chief Med. Off., M. D.

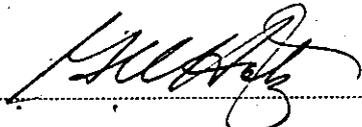
(Address) V.F., Jefferson Barracks, Mo.

K. 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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... 

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Ave

**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.)**

**.If this body is not embalmed, above space should be left blank.**