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231559

LED OCT 10 1940

Registration District No. **84**

Primary Registration District No. **200**

Registrar's No. **1828**

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7023 Hunter Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20
(Specify whether)

In this community 20
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Beverly Hills (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. 7023 Hunter Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME William Evans

3. (b) If veteran, name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26th.
year 1940 hour 2 minute A M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Margaret Evans

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 24 1857
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to Sept. 26, 1940
that I last saw him in alive on _____, 19____, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

82	9	2	hr. _____ min.
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Immediate cause of death Coronary occlusion

9. Birthplace Wales 4
(City, town, or county) (State or foreign country)

Due to Fibrillating Heart + arteriosclerosis

Due to 94%

10. Usual occupation Building Superintendant 4

11. Industry or business Retired

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

MOTHER FATHER {

12. Name James Evans 4

13. Birthplace Wales
(City, town, or county) (State or foreign country)

14. Maiden name Anne Shean

15. Birthplace Wales
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Wm. G. Evans

(b) Address 7023 Hunter Ave.

17. (a) Burial (b) Date thereof 9-28 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 7 A P I

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) SEP 26 1940 (b) W. R. Meyers, M.D.
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____

(e) Means of injury _____

23. Signature W. R. Meyers M.D. (M. D. or other) 1

Address 6154 9th Natural Bridge Date signed 9/26/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

I want a photo of the deceased. I had never met him for about 20 years. He was a Cardiac patient. I will pay for the photo. I will pay for the photo. I will pay for the photo.

6149-1000, 1001

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

Warren A. Carver

Licensed Embalmer No.

3534

P. O. Address

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, fact should be so stated above.