

FILED SEP 8 1941

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1789

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town Manchester  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Manchester Nursing Home  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 17 days  
(Specify whether  
 In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Walter H. Evans

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 12, 1888  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>10</u>	<u>17</u>	hr. _____ min.

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Civil Engineer

11. Industry or business \_\_\_\_\_

12. Name Gomer Evans

13. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah E. Knowles

15. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant J. D. Evans

(b) Address 7038 Nashville

17. (a) Burial (b) Date thereof 8-30-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) AUG 29 1941 (b) E. D. M. Gauron MD  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County COO  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5145 Earhart  
(If rural, give location)  
 (e) Citizen of foreign country? (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29  
 year 1941 hour 1 minute 45 A. M.

21. I hereby certify that I attended the deceased from Aug 14  
 \_\_\_\_\_, 1941 to Aug 29, 1941;  
 that I last saw him ~~her~~ alive on Aug 29, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Coronary Thrombosis  
 Due to Hypertension

Duration  
3 1/2  
over 24 hours  
17 days

Due to Cirrhosis of Liver

Other conditions Boredom Delirium  
(Includes pregnancy within 3 months of death)  
of rimmon on admission

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy 94 a

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature E. D. M. Gauron MD (M. D. or other) MD  
 Address 1128 1/2 Hamilton Date signed 8-29-41

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

**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 J. L. Burgess  
Licensed Embalmer No. 4029  
P. O. Address Maplewood

**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.**