S. No. 2
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 28 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31917

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8477

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Jewish Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 12

(c) City or town St. Louis 06
(If outside city or town limits, write "RURAL")

(d) Street No. 5972 Lotus Ave.,
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charles E. Evams Sr.,

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Ada F. Evans

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased March 29, 1873.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	6	12	hr. min.

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

10. Usual occupation Confectionery Owner

11. Industry or business

FATHER
12. Name George A. Evans
13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Ann Cherry
15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ada F. Evans
(b) Address 5972 Lotus Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 14/42
(Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.,

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,

19. (a) OCT 13 1942 (Date received local registrar) (b) J. F. Beedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11
year 1942 hour 3.45 minute P.M.

21. I hereby certify that I attended the deceased from Sept 25th, 1942 to Oct 11th, 1942
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chr. Prostatitis, Arteriosclerosis

Due to Chr. Heart disease Mitral Regurgitation with Stenosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 92

Of autopsy

Duration

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

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Olon S. Hudson (M. D. or other)
Address 6390 Natural Br. Date signed 10/12/42

(Licensed Embalmer's Statement on Reverse Side)

Dr. Solon P. Harris
6390 N~~ut~~ ~~trial~~ Bridge Road
Go.6633.
1-3- P.M.

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 James G. Sullivan

Licensed Embalmer No. 1122

P. O. Address 4700 Washington Blvd.,

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.