No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4157

FILED MAR 2 1943 818

Registration District No.

Primary Registration District No. 1003

Registrar's No. 1555

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Saint Mary's Infirmary 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 Missouri (b) County 17

(c) City or town Saint Louis 7
(If outside city or town limits, write "RURAL")

(d) Street No. 4438 Page Boulevard 11
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country ---

3. (a) PRINT FULL NAME Harvey . Evans

3. (b) If veteran, name war ---

3. (c) Social Security No. None

4. Sex Male

5. Color or race 2 Negro

6. (a) Single, widowed, married, divorced 2 Widower

6. (b) Name of husband or wife Nellie M. Evans

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

7. Birth date of deceased Unavailable (Month) abt (Day) 1887 (Year)

8. AGE: Years About 56 | Months | Days | If less than one day hr. min.

9. Birthplace Plattsburg (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Retired Railroad clerk

11. Industry or business ---

FATHER
12. Name Calvin Evans
13. Birthplace Unavailable (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Frances Kelly
15. Birthplace Clay County (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Matthew G. Evans
(b) Address Minneapolis, Minn.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/43 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson Cem.

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Avenue

19. (a) FEB 16 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13th year 1943 hour 8:45 minute a M.

21. I hereby certify that I attended the deceased from July 1st 1942 to Feb 13th 1943, that I last saw him alive on Feb 13th 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Aortic Insufficiency	1 year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

92

Major findings:
Of operations

Of autopsy

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

23. Signature J. T. Aldrich (M. D. or other)

Address 2605 Franklin Date signed 2-16-43

(Licensed Embalmer's Statement on Reverse Side)

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

William C. McDowell, Registered Apprentice No.

working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address 4107 Finney Avenue

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.