

No. 2  
1-2-43  
5-17-3  
1 X3987

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33063

State File No. \_\_\_\_\_

FILED OCT 19 1943 318

Registration District No. 318

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

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:  
Mo. Pacific Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ I - Week  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair

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

(d) Street No. 450 North 21st. s st.  
(If rural, give location)

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

3. (a) PRINT FULL NAME GABRIEL EVANS

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10/4/43 day \_\_\_\_\_  
year \_\_\_\_\_ hour 6 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 9/27/43  
\_\_\_\_\_ 19 \_\_\_\_\_ to 10/4/43 19 \_\_\_\_\_  
that I last saw him alive on 10/4/43 \_\_\_\_\_ 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary E. Evans

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

7. Birth date of deceased October 4th, 1854  
(Month) (Day) (Year)

Immediate cause of death Infirmities of old age  
hypertrophy of prostate  
of prostate  
Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE:

Years	Months	Days	If less than one day
<u>89</u>	<u>0</u>	<u>0</u>	hr. _____ min. _____

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

Major findings: 137

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

10. Usual occupation Retired Switchman

11. Industry or business Mo. Pacific R.R.

12. Name Jacob Evans

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

14. Maiden name Marian Lemasters

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

16. (a) Informant Mary E. Evans

(b) Address 450 N. 21st. East St. Louis

17. (a) E. St. Louis, (b) Date thereof Oct. 4th, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belleville, Ill.

18. (a) Signature of funeral director H. W. ...

(b) Address 501 5 East St. Louis Ill.

19. (a) 10/18 J. J. ...  
(Date received local registrar) (Registrar's signature)

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 Dr. A. O. ... (M. D. or other) \_\_\_\_\_

Address Mo. Pacific Hospital \_\_\_\_\_

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

MOTHER FATHER

**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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Ben. H. Baldwin

Licensed Embalmer No.

2420

P. O. Address:

St. Louis Ills.

**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.**