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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35684
Registrar's No. 2379

EU OCT 29 1943

Registration District No. 317

Primary Registration District No. 3063

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 711 S. Kirkwood Road
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John P. Evers

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edith Evers 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased 4-6-1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 6 15 hr. min.

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

10. Usual occupation Unemployed

11. Industry or business --

MOTHER FATHER { 12. Name Joseph Evers
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Nancy McClure
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Edith Evers
(b) Address 711 S. Kirkwood Rd

17. (a) Cremation (b) Date thereof 10-25-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Walshella Cremparty

18. (a) Signature of funeral director Joseph H. Bopp Inc
(b) Address Kirkwood Mo

19. (a) OCT 26 1943 (b) E. G. Mc Gowan, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10-21-43 day _____
year _____ hour 7:55 minute _____ P. M.

21. I hereby certify that I attended the deceased from 19-18-43, 19 _____ to 10-21-43, 19 _____
that I last saw him alive on 10-21-43, 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory failure Duration 3 days
Due to arteriosclerosis and years
cardiovascular disease
Due to asthmatic bronchitis 35 yrs.
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy 93d
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?

While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature Lechi Munn (M. D. or other) _____
Address St. Louis County Hospital Date signed 10-23-43

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

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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..... *Felix Mirand*

Licensed Embalmer No. *3034*

P. O. Address..... *Kirkwood mo*

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.