

FILED DEC 29 1943  
Registration District No. **318**

Primary Registration District No. **1003**

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:  
3158a Pennsylvania Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether  
In this community 10 Years (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME ALBERT RAOUL EVANS

3. (b) If veteran, name war NO 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Hollie 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased June 7th 1886  
(Month) (Day) (Year)

8. AGE: Years 57 Months 6 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace New Orleans, La.  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

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

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Verbal Eskew

(b) Address 3158a Pennsylvania

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14, 43  
(Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn

18. (a) Signature of funeral director A. K. McLaughlin

(b) Address 2301 Lafayette Ave.

19. (a) DEC 14 1943 (Date received local registrar) J. F. Prudeak (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

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

(d) Street No. 3158a Pennsylvania Ave  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14th  
year 1943 hour 2 minute 15 a.m.

21. I hereby certify that I attended the deceased from April 1943, to Dec 11 1943,  
that I last saw him alive on Dec 9 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart Duration 1 day

Due to Myocardial Infarction 2 mos.

Due to Coronarytherosclerosis 2 mos.

Other conditions Diabetes Mellitus 2 years.  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy none

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 J. F. Prudeak (M. D. or other) M.D.  
Address 3903 Olive St. Date signed 12/16/43

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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 L R Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

**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.