

USE WRITING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 20 1944

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... St. Louis, Missouri.  
(c) Name of hospital or institution:  
City Infirmary.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 9mo., 30 days.  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Richard Evans.

3. (b) If veteran, name was none 3. (c) Social Security No. none

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

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

7. Birth date of deceased September 19 1871.  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>3</u>	<u>12</u>	..... hr. .... min.

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

10. Usual occupation unknown

11. Industry or business ??

12. Name Richard Evans.

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

14. Maiden name Emily Walker.

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

16. (a) Informant Tomie Green

(b) Address 500 Arsenal

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-8-44  
(Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Walter H. Kelly

(b) Address 4386 Lindell Blvd.

19. (a) DEC 21 1943 (Date received local registrar) (b) J. F. Brueser (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. 3400 S. Grand  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country American.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31  
year 1943. hour 4:15 minute..... A. M.

21. I hereby certify that I attended the deceased from Dec 25  
..... 1943, to Dec 31..... 1943  
that I last saw him alive on Dec 30..... 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Pneumonia Duration 6 days

Due to decompensated hypertonia several weeks

Due to atherosclerotic heart disease several years

Other conditions Parkinsonism, senile dementia several years  
(Include pregnancy within 3 months of death) PHYSICIAN

Major findings: Of operations.....  
Of autopsy lobar pneumonia, myocardial infarct, arteriosclerosis  
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) (a) Means of injury.....

23. Signature M. Van Horn (M. D. or other) M.D.  
Address 5800 Federal Street Date signed 1/5/44

**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.....

Licensed Embalmer No. 4361

P. O. Address St. Louis, 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.**