

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH

(a) County St. Louis Mo.  
(b) City or town St. Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Grinnard 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 \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Frank L. Evans

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

4. Sex male 5. Color Wh 6. Single, widowed, married, divorced married

6. (b) Name of husband or wife Alma 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased February 18, 1867  
(Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 27 If less than one day \_\_\_\_\_ min.

9. Birthplace Plain, Illinois  
(City, town, or country) (State or foreign country)

10. Usual occupation Stock Dealer

11. Industry or business Farm

12. Name Noah Evans

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

14. Maiden name unknown

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

16. (a) Informant William D. Evans

(b) Address 5258 Page

17. (a) Burial (b) Date thereof 3-17-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Wm. J. Smith

(b) Address 1225 Union Blvd.

19. (a) MAR 17 1944 (b) J. F. Bradeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5258 Page Blvd.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 15  
year 1944 hour 12:30 minute \_\_\_\_\_ H. M.

21. I hereby certify that I attended the deceased from Feb \_\_\_\_\_  
1944, to 3/15 \_\_\_\_\_, 1944

that I last saw him alive on 3/14 \_\_\_\_\_, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis Duration \_\_\_\_\_

Due to Ca. of Prostate

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

Other conditions (include pregnancy within 3 months of death) 51

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature A. P. Larster (M. D. or other) \_\_\_\_\_

Address 3115 Grand Date signed 3/15/44

**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

*Albert G. Koffa*

Licensed Embalmer No. *2921*

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**