

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

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43
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37823

Registration District No. **FILED JUL 13 1944**

Primary Registration District No. **3063**

Registrar's No. **1458**

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 James City Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **one day** (Specify whether)

In this community **35 years** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St Louis 96**

(c) City or town **Unmanned City 3**
(If outside city or town limits, write "RURAL") **5**

(d) Street No. **1338 Fairview**
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country **1**

3. (a) PRINT FULL NAME **William Evans**

3. (b) If veteran, name war **—**

3. (c) Social Security No. **—**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **4**
year **1944** hour **5** minute **45** P.M.

21. I hereby certify that I attended the deceased from **7**
3 19**44** to **7-4** 19**44**
that I last saw him alive on **7-4** 19**44**
and that death occurred on the date and hour stated above.

4. Sex **0 m.** 5. Color or race **wh**

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

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

6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **Aug 14 1869**
(Month) (Day) (Year)

Immediate cause of death: **Myocardial Infarction** **1 hr**

8. AGE: Years **74** Months **10** Days **21** If less than one day **hr. min.**

Due to **Arteriosclerotic Heart Dis** **?**

Due to **—**

9. Birthplace **St Clair Penna 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Electrician**

Other conditions **Anal polyp 93d 7 yrs**
(Include pregnancy within 3 months of death)

11. Industry or business

12. Name **Thomas Evans**

13. Birthplace **Unknown** **Wales 4**
(City, town, or county) (State or foreign country)

14. Maiden name **Anne Reasdale**

15. Birthplace **Unknown** **Wales 4**
(City, town, or county) (State or foreign country)

Major findings: **Anal polyp 93d 7 yrs**

Of operations **—**

Of autopsy **Myocardial Infarct**

PHYSICIAN **—**
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Mary E Evans**

(b) Address **1338 Fairview**

17. (a) **Burial** (b) Date thereof **7-7-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt Lebanon Cem**

18. (a) Signature of funeral director **Louis H Bopp Inc**

(b) Address **Wentwood Mo**

19. (a) **JUL 7-1944** (b) **E. G. McSavary, MD**
(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 **John Mederisner** (M. D. or other) **MD**
Address **St. Louis Co. Mo** Date signed **7-5-44**

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 Felix Duand
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.