

FILED JUL 21 1944
318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

6246

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:
Desloge 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 EVANS, Herman F.
3. (b) If veteran, name war.....
3. (c) Social Security No. 492-09-3431

4. Sex M 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice Evans 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased October 3 1893
(Month) (Day) (Year)

8. AGE: Years 50 Months 9 Days 9 If less than one day hr. min.

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

10. Usual occupation Foreman

11. Industry or business Scullin Steel

MOTHER FATHER

12. Name William Evans

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

14. Maiden name Ella Pool

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

16. (a) Informant Mrs. Evans
(b) Address 7307 Flora Ave

17. (a) Burial (b) Date thereof 7-15-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Granite City, Ill

18. (a) Signature of funeral director M. J. Croghan Sr.
(b) Address 7146 Manchester

19. (a) JUL 13 1944 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 7307 Flora 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 July day 12th
year 1944 hour 12 minute 45 A. M.

21. I hereby certify that I attended the deceased from July 4
1944 to July 12 1944
that I last saw him alive on July 11 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Secondary Sarcoma of Lung 2nd
Primary (metastatic) Sarcoma
left inguinal region 2nd
Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy same.

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?
(Specify type of place)

While at work..... (e) Means of injury.....
23. Signature J. F. Bredek (M. D. or other)
Address 519 Greenwood Signed 7/13/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

W. W. Wilkin

Licensed Embalmer No.....

3575

P.O. Address.....

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.