

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JUL 24 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25647

State File No. _____

Registration District No. 377

Primary Registration District No. 3064

Registrar's No. 1499

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Ferguson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence: # 30 North Barret Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 1 (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Ferguson 6
(If outside city or town limits, write "RURAL")
(d) Street No. # 30 North Barret Ave. 2
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME David M. Evans.
3. (b) If veteran, name war none 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 12th
year 1944 hour 10 minute A. M.

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hazel P. Evans. 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Feb. 22 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 12 1944, to July 10 1944
that I last saw him alive on July 10 1944
and that death occurred on the date and hour stated above.

8. AGE: - Years 70 Months 4 Days 20 If less than one day
hr. min.

Immediate cause of death Carcinoma of lungs 1yr
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 47d

9. Birthplace O'Fallon Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Car Accountant

12. Name Frank Evans.
13. Birthplace unknown 9 unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown unknown
15. Birthplace unknown 9 unknown
(City, town, or county) (State or foreign country)

16. (g) Informant David F. Evans.
(b) Address 6706 Dillenberger Ave.

17. (a) removal (b) Date thereof 7-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation O'Fallon, Illinois

18. (a) Signature of funeral director G.R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.

19. (a) JUL 12 1944 (b) E. G. Mc Larran, M.D.
(Date received from Registrar) (Registrar's signature)

Major findings:
Of operations _____
Of autopsy _____

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 D. F. Lerner (M. D. or other)
E. G. Mc Larran, M.D. Date 7-10-44

Duration
Physician
Underline the cause to which death should be charged statistically.

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

76662

Dr. A. F. Lerner.

1259 N. Kingshighway
FO-5340

1 to 3 P.M.

FEB 11 1949

AUG 7 1944

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City

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.