

0.2  
2-43  
17-39  
X35627

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

FILED JAN 20 1945  
Registration District No. 918

Primary Registration District No. 1003

State File No. \_\_\_\_\_  
Registrar's No. 11351

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County \_\_\_\_\_

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 2127 So. Hill St  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Thomas Mc Evilly

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife AUSTIA

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: (Month) July (Day) 4 (Year) 1873

8. AGE: Years 71 Months 5 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Wis I  
(City, town, or county) (State or foreign country)

10. Usual occupation LABOR

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Joyce

(b) Address 2330 Montclair

17. (a) BURIAL (b) Date thereof JAN 9 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director William Kelly

(b) Address 4086 Grand

19. (a) JAN 9 1945 (b) J. J. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10th  
year 1944 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from 12/2/44  
\_\_\_\_\_, 19\_\_\_\_, to Dec. 10th 1944  
that I last saw h. im alive on Dec. 10th 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 6d.

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

Due to 108

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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 E. C. Gubernaki (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Date signed 12/10/44

---

**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.....

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.**