S. No. 2
0M—5-43
v. 5-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 3 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11199

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 3609

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: Residence; 5237 Washington Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 5237 Washington Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME HENRY HARRISON EVANS

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife WINIFRED SANBORNE EVANS

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased MARCH (Month) 31 (Day) 1857 (Year)

8. AGE: Years 88 Months 0 Days 21 If less than one day hr. min.

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

10. Usual occupation RETIRED

11. Industry or business WHOLESALE DRY GOODS.

FATHER
12. Name JOHN EVANS
13. Birthplace ENGLAND (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARY EVANS EVANS
15. Birthplace ENGLAND (City, town, or county) (State or foreign country)

16. (a) Informant MRS WINIFRED S. EVANS

(b) Address 5237 WASHINGTON BLVD.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 24/45 (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE MAUSOLEUM.

18. (a) Signature of funeral director C.R.Lupton & Sons

(b) Address 7233 Delmar Blvd

19. (a) APR 24 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21st year 1945 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from June 15, 1943 to April 21st, 1945 that I last saw him alive on April 16th, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	2 y
Due to Arterio-sclerosis	5 y +
Due to Senile changes	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations None made
Of autopsy None made

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph Davis (M. D. or other)

Address 313 7th St. Date signed 4-21-45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Joseph Davis.
Century Bldg
GA=1276
Hrs 2 to 5 P.M.

3609

3609

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 J. T. Lupton

Licensed Embalmer No. 2122

P. O. Address St. Louis, 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.