

No. 2  
M-5-43  
5-17-39  
10-2671

1003

FILED SEP 1 1945 18

Registration District No. ....

Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
St. Anthony's Hospital 6  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County C. 1

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

(d) Street No. 5033 Oleatha Ave  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME David Lee Evans

3. (b) If veteran, name war no

3. (c) Social Security No. 494-03-8307

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23 year 1945 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from April 5 1944, to Aug 23 1945.

that I last saw him alive on Aug 23 1945 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Mary Catherine

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

7. Birth date of deceased Oct. 30 1918  
(Month) (Day) (Year)

Immediate cause of death.....

Duration.....

8. AGE: Years Months Days If less than one day

26 9 23 hr. min.

Due to Hodgkins Disease 15 months

Due to Myocarditis Acute 10 days

9. Birthplace East St. Louis Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Credit Manager

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Wholesale Bakery

12. Name David John Evans

13. Birthplace East St. Louis Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Irene Howie

15. Birthplace East St. Louis Illinois  
(City, town, or county) (State or foreign country)

Major findings: Of operations Hodgkins Disease

Of autopsy see

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. David J. Evans

(b) Address 712 O'Fallon Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 27 '45  
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

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?

18. (a) Signature of funeral director Wagoner Mortuary

(b) Address 4161 Lindell Blvd

19. (a) AUG 24 1945 (Date received local registrar)

(b) J. Bredbeck (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury

23. Signature Albert F. Poma (M. D. or other)

Address 1841 1/2 12A Date signed 8/24/45

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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 4161 Lindell Bl

**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.**