V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 23 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35236

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9925

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: 3400 Wyoming (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 72 years 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. 3400 Wyoming (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME George W. Evans

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex M D

5. Color or race Negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 2 (Day) 1873 (Year)

8. AGE: Years 72 Months 5 Days 7 If less than one day hr. min.

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

10. Usual occupation Retired Postal Clerk

11. Industry or business U.S. Post Office

FATHER
12. Name George W. Evans
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mabel E. Bruce

(b) Address 3400 Wyoming

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-45 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Harrison

(b) Address 2906 Lawton Blvd

19. (a) NOV 16 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9th, 1945 year hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from October 4th, 1945, to Nov. 9, 1945, 19; that I last saw him alive on Nov. 8, 1945, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Angina Pectoris 1 Mo	
Due to Myocarditis two years standing	2 yr
Due to Carcinoma Stomach	1 yr
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Floyd Stewart (M. D. or other)

Address Chemical Bldg. Date signed 4/15/

(Licensed Embalmer's Statement on Reverse Side)

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard Ave

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.