S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25208

State File No.

FILED AUG 9 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6697

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: Peoples Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 24
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ave

(c) City or town St Louis 20 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1711 N. Garrison Av 2
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Isadore Evans

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Col

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

6. (b) Name of husband or wife Velma Evans

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

7. Birth date of deceased March (Month) 19 (Day) 1889 (Year)

8. AGE: Years 57 Months 4 Days 8 If less than one day hr. min.

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

10. Usual occupation Butcher

11. Industry or business Independent Packing Co.

FATHER
12. Name Jerry Evans
13. Birthplace ? (City, town, or county) Miss (State or foreign country)

MOTHER
14. Maiden name Anna ?
15. Birthplace ? (City, town, or county) Miss (State or foreign country)

16. (a) Informant Lola Evans
(b) Address 1711 N. Garrison

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-2-46 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St

19. (a) JUL 31 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1946 hour 3 minute P.M.

21. I hereby certify that I attended the deceased from July 4, 1946, to July 27, 1946, that I last saw him alive on July 27, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart disease — Duration 3 wks

Due to Hypertension

Due to —

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 Leon A. Smartt (M.D. or other)

Address 4069 Easton St Louis Date signed 7/30/46

(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.....

Licensed Embalmer No. 29446

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.