

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10487

1. PLACE OF DEATH
(a) County St. Louis Mo.
(b) City or town St. Louis Mo.
(c) Name of hospital or institution City Hosp.
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town St. Louis Mo.
(d) Street No. HOME
(e) Citizen of foreign country? _____ (Yes or No)

In this community _____ years, months or days
3. (a) PRINT FULL NAME William P. Evans
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH Month Nov. Day 8 Year 1946 hour _____ minute 17 M. am
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color White
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Chronic Intestinal Typhoid
Due to Carcinoma affected
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

7. Birth date of deceased (Month) _____ (Day) April (Year) 1896
8. AGE Years 50 Months 6 Days 16 If less than one day _____ hr. _____ min.

PHYSICIAN W. M. G. A.
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace Ark (City, town, or county) _____ (State or foreign country) _____
10. Usual occupation bank
11. Industry or business bank

MOTHER FATHER
12. Name Frank 9
13. Birthplace Ark (City, town, or county) _____ (State or foreign country) _____
14. Maiden name Frank 9
15. Birthplace Ark (City, town, or county) _____ (State or foreign country) _____
16. (a) Informant Thos. V. Callahan
(b) Address 1300 E. 1st St.
17. (a) Anatomical Board _____ Date thereof 12-4-46 (Month) (Day) (Year)
(b) Place: burial or cremation Worshiping
18. (a) Signature of funeral director _____
(b) Address 3000 Rutledge

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) _____
Signature W. M. G. A. (M. D. or other) _____
Address _____ Date signed 12/4/46

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

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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.