S. No. 2.
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 27 1947

Registration District No. 377

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 19693

Registrar's No. 1828

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Miller Nursing Home
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Lemay 23, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 720 Erskine Ave.
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME ALFRED L. EVANS

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male c

5. Color or race white

6. (a) Single, widowed, married, divorced widow 2

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

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

7. Birth date of deceased November 21, 1874
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 27 If less than one day ..... hr. ..... min.

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

10. Usual occupation none

11. Industry or business none

FATHER
12. Name ? Evans
13. Birthplace ..... (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace ..... (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant .....
(b) Address Granite City, Ill.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/21/47 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn cemetery

18. (a) Signature of funeral director Fendler Und Co.
(b) Address 7420 Michigan Ave.

19. (a) 5-22-47 (Date received local registrar) (b) Cecil A. Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1947 hour 7 minute 25 A.M.

21. I hereby certify that I attended the deceased from Jan 1, 1947 to May 19, 1947
that I last saw him alive on May 18, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death My ocarditis, Hypertrophy - dilatation

Due to Bronchial asthma

Due to 93 d

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

PHYSICIAN

Underline the cause of 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 0

23. Signature A. W. Peters (M. D. or other)

Address 4145 S Grand Date signed May 19/47

Jefferson City Printing Co.

(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 Oliver E. Fendler

Licensed Embalmer No. 4148

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.