S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 23 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22201

Primary Registration District No. 1003

Registrar's No. 5820

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: Homer G Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 4452 Cote Brilliante 9
(If rural, give location)

(e) Citizen of foreign country? 11 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Charles S Evans

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married 1

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

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

7. Birth date of deceased Aug. (Month) 6 (Day) 1877 (Year)

8. AGE: Years 69 Months 10 ~~9~~ Days 5 If less than one day hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business OLIVER S. PARKS

FATHER
12. Name DONT KNOW
13. Birthplace MOBERLY MO. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name SUSAN REESE
15. Birthplace MOBERLY MO. 0
(City, town, or county) (State or foreign country)

16. (a) Informant LULU EVANS
(b) Address 4452 COTE BRILLIANT

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-14-47 (Month) (Day) (Year)

(c) Place: burial or cremation GREENWOOD CEM.

18. (a) Signature of funeral director Elmer E. Kelly
(b) Address 3030 Bell Ave.

19. (a) JUN 13 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1947 hour 8 minute 20 A M.

21. I hereby certify that I attended the deceased from May 9, 1947, to June 11, 1947; that I last saw him alive on June 11, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Hypertrophy	Undet.
Due to	
Due to	
Other conditions: Nephrosclerosis, Arteriolar (Include pregnancy within 3 months of death)	

131 a

Major findings:
Of operations
Of autopsy Yes

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 Edw B. Williams (M.D. or other)

Address 2601 N Whittier Date signed 6/12/47

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 Esther N. Harris Registered Apprentice No. 416 working under my personal supervision.

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.