

No. 2
-12-45
5-17-39
I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25155

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 134

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 hours
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

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

(d) Street No. 1314 North Third
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Carl A. Evers

3. (b) If veteran, name war NIL

3. (c) Social Security No. NIL

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Amelia Scheffer

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased July 18 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>11</u>	<u>27</u>	hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Frederick Evers

13. Birthplace Hanover Germany
(City, town, or county) (State or foreign country)

14. Maiden name Mejanie ?

15. Birthplace Hanover Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Chris Scheffer

(b) Address R.R. 3, St. Charles, Mo.

17. (a) burial (b) Date thereof July 18-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Charles, Mo.
Immanuel Lutheran Cem

18. (a) Signature of funeral director H. C. Hallmeyer & Sons

(b) Address 800 N. 2nd-St. Charles, Mo.

19. (a) Aug 9-47 (b) Francis [Signature]
(Date recorded local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1947 hour 11:55 minute _____ P. A.M.

21. I hereby certify that I attended the deceased from 8-12-47, 19____ to July 15, 1947
that I last saw him alive on July 15, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Cardiac Decompensation

Other conditions Essential hypertension
(Include pregnancy within 3 months of death)

Due to Arteriosclerotic heart disease

Due to _____

Major findings:
Of operations _____

Of autopsy No

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)
(c) Years of injury _____

Signature R. O. Snyder, M.D. (M: D. or other)

Address 2072 5th St. Date signed 7/17/47

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number 8-14-47
Date Filed

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.....

Herbert C. Dallmeyer....., Registered Apprentice No. 429
working under my personal supervision.

Signed..... Joseph T. Landolt

Licensed Embalmer No. 7189

P. O. Address..... St. Clair

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.