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

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

32482

State File No. .....

FILED OCT 4 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8998

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

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

In this community .....

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. 5079 Waterman 9
(If rural, give location)

12 0

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

If yes, name country .....

3. (a) PRINT FULL NAME William Winfield Evey

3. (b) If veteran, name war World War I & II

3. (c) Social Security No. 498-03-6931

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Pearl Evey

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased August (Month) 6 (Day) 1900 (Year)

8. AGE: Years 47 Months 1 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace Tower Hill (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Automobile

MOTHER FATHER

12. Name William Edward Evey

13. Birthplace Tower Hill (City, town, or county) Kansas (State or foreign country)

14. Maiden name Martha Burgoon

15. Birthplace Lancaster (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs. Pearl Evey

(b) Address 5079 Waterman

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-28-47 (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) SEP 26 1947 (Date received local registrar) (b) J. J. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25 year 1947 hour 12 minutes 25 P.M.

21. I hereby certify that I attended the deceased from Sept 22, 1947, to Sept. 25, 1947, that I last saw him alive on Sept 25, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death P.O. Shock
Hemorrhages of Oesophagus

Due to Acute oesophagitis
Leukoplakia Oesoph.

Due to .....

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

Major findings: Of operations Nothing

Of autopsy multiple foci of Hemorrhage lower 1/3 oesophagus acute oesophagitis, leukoplakia

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 .....

23. Signature J. R. Nakada (M. D. or other)

Address Humboldt Bldg. Date signed 9/26/47

J. R. NAKADA

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. Elmo R. Cadwell

Licensed Embalmer No. 4077

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.