

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13218
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 791
Primary Registration District No. 1003
(d) Street No. City Hospital

Registered No. 3822

(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

PAUL E. EVANS, 152

(a) Residence, No. Rosevelt Hotel, St. Louis, Mo 12
(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not Known

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
About 50 years

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Livingston
(STATE OR COUNTRY) Okla.

FATHER
13. NAME Apollo Evens

14. BIRTHPLACE (CITY OR TOWN) Alabama
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) Not Known
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs. Jane Watkins
3421 Midleton Ave., Cincinnati, Ohio.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cincinnati, Ohio.
DATE Apr. 25, 1938

19. FUNERAL DIRECTOR (ADDRESS) Math. Hermann & Son
2161 East Fair Avenue

20. APR 25 1938 19.....
J. D. Budeck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:45 m.

The principal cause of death and related causes of importance were as follows:

Sodium Hydroxide Poisoning
Date of onset

Other contributory causes of importance:
Self administered

Tenic and Place Tabern
Name of operation Suicide Date of Yes

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Suicide Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury SEE ABOVE

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) Paul M. Zeman, M.D.
(Address) Asperly Corner

STATEMENT BY LICENSED EMBALMER

I, William G. Buchholz, Licensed Embalmer No. 2110
hereby certify that the body recorded on the reverse side of this certificate was embalmed by William G. Buchholz, L. E.
No. 0 by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed William G. Buchholz
Licensed Embalmer No. 2110

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.)