

REC'D MAR 13 1939

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

791
1008

4859
Do not use this space.
1552
Registered No.

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City or Town St. Louis (d) Street No. Homer Phillips Hospital St.
Life (If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Leon Evans

(a) Residence, No. 3103 Lawton St. 21 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. COLOR OR RACE C	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hanna Evans		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2, 1897		
7. AGE YEARS 41	MONTHS 10	DAYS 11
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as saw mill, bank, etc. Deputy constable		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri		
13. NAME Albert Evans		
14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri		
15. MAIDEN NAME Emma (unk)		
16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri		
17. INFORMANT Evelyn Hilliard (ADDRESS) 2601 N Whittier		
18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE Feb 18th, 1939		
19. FUNERAL DIRECTOR (NAME) Jas. H. Randle & Son (ADDRESS) 3133 Bell Avenue		
20. FILED 1939 FEB 17 1939 J. B. Bredel Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1938 to Feb. 13, 1939. I last saw him alive on Feb. 13, 1939. Death is said to have occurred on the date stated above, at 1:55 p.m. The principal cause of death and related causes of importance were as follows:
Hypertensive heart disease
Date of onset 9/24/38

Other contributory causes of importance:

Name of operation clinical Date of operation
What test confirmed diagnosis? Was there an autopsy? no

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

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) N. J. Lyman, M. D.
(Address) 2601 N Whittier

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.

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.....

S. J. Watson
.....
(Licensed Embalmer No. *2698*.....
P. O. Address *776 Chouteau*.....

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, above space should be left blank.