15 1939

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.

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

33566
Do not use this space.

OCT 15 1939

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township — Primary Registration District No. 200 — Registered No. 1642
(c) City Wellston — (d) Street No. St. Vincent's Sanitarium, St. Louis, Mo St.
(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 15 EVENS, Ellis L.
(a) Residence, No. ST. VINCENT SANITARIUM WELLISTON
(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) 1860
7. AGE: 79 YEARS — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk
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) 1893
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

FATHER
13. NAME JOHN C. EVANS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER
15. MAIDEN NAME ELIZABETH UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) SISTER MARGARET ST. VINCENT SANITARIUM.
18. BURIAL, CREMATION, OR REMOVAL PLACE BELLLFOUNTAIN DATE 9-16-39 19
19. FUNERAL DIRECTOR (ADDRESS) Cullen & Kelly 7267 Natl. Bridge
20. FILED SEP 15 1939 R. Murphy McDaniel Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-14, 1939
22. I HEREBY CERTIFY, That I attended deceased from 2-28, 1938 to 9-14, 1939
I last saw him alive on 9-14, 1939 Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbuncle rt buttocks	9-8
Septicemia	9-10
15 b	
Other contributory causes of importance:	
Secondary microcytic Anaemia	?

Name of operation None Date of
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, 19
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? No
If so, specify
(Signed) David Basham, M. D.
(Address) St. Vincents San.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Clement J. McNeary, Licensed Embalmer No. 3732

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by Mark L. Tierno, Registered Apprentice No. 174

working under my personal supervision.

Signed Clement J. McNeary

Licensed Embalmer No. 3732

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.)