

Registration District No. **FILED JULY 17 1940**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Anthony's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one day
(Specify whether _____)
In this community Sixty years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis |
(If outside city or town limits, write "RURAL")
(d) Street No. 4031 Quincy
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Sixty years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st
year 1940 hour 9:30 minute P. M.
21. I hereby certify that I attended the deceased from December
1939, to June 1, 1940
that I last saw him alive on June 1, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Perforated
duodenal ulcer
Due to _____
Due to _____
Other conditions
(include pregnancy within 3 months of death)

Duration
PHYSICIAN
Major findings: Perforation in Duodenum
Of organs: Pentonic fluid in abd. Underline
Of autopsy _____ the cause to
which death
should be
charged stati-
stically.

3. (a) PRINT FULL NAME August W. Evers 162

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 9th, 1874
(Month) (Day) (Year)

8. AGE: Years 62 Months 11 Days 22 If less than one day hr. _____ min. _____

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

10. Usual occupation Tavern Proprietor

11. Industry or business _____

12. Name Christopher Evers

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

14. Maiden name Wilhermina Peters.

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

16. (a) Informant Anna Friedrich
(b) Address 4031 Quincy

17. (a) Burial (b) Date thereof 6/5/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Pickers Cem.

18. (a) Signature of funeral director James J. J. J.
(b) Address 7027 Gravois Ave.

19. (a) JUN 4 1940 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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 C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 4930^e Robert

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.