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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

36705

State File No. [illegible]

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 8978

FILED DEC 11 1940

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community Unknown
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. 7400 South Levee
(If rural, give location)

(e) If foreign born, how long in U. S. A.? x Unknown years.

3. (a) PRINT FULL NAME George Evaschu

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Single

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 60?? | Months | Days | If less than one day hr. min.

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

10. Usual occupation Nil.

11. Industry or business Nil.

FATHER
12. Name Charles Davenport
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Anna Grosswaite
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Ann Morrison
(b) Address City Hospital #1

17. (a) (Burial, cremation, or removal) (b) Date thereof 10/28/40 (Month) (Day) (Year)
(c) Place: burial or cremation St Louis

18. (a) Signature of funeral director W. Richter
(b) Address 3500 Kutzer

19. (a) (Date received local registrar) 1 1940 (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17, year 1940 hour 9:00 minute P.M.

21. I hereby certify that I attended the deceased from October 16, 1940, to October 17, 1940 that I last saw him alive on October 17, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis & hemiplegia (left) caused

Due to by cerebral hemorrhage

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93c

Of autopsy

Duration

PHYSICIAN
Underline the cause to 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 N. M. Fitzgerald (M. D. or other)
Address 1515 Lafayette Ave. Date signed 10/18/40

(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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.