

No. 2
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1-17-39
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FILLED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9329
Date File No. _____
Registrar's No. **2739**

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Winfred V. EVANS**
3. (b) If veteran, name war **No.**
3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Winnie**
6. (c) Age of husband or wife if alive **67** years
7. Birth date of deceased **May 26 1871**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 10 0 hr. _____ min.

9. Birthplace **Montgomery Co. Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Robert Evans**
13. Birthplace **Montgomery Co. Illinois**
(City, town, or county) (State or foreign country)
14. Maiden name **Lucinda Robb**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Winnie Evans**

(b) Address **Sorento, Illinois**

17. (a) **Removal** (b) Date thereof **3/26/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sorento, Ill.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Ave.**

19. (a) **MAR 26 1941** (b) **J. M. Bredek**
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Illinois** (b) County **Bond** **NR**
(c) City or town **Sorento**
(If outside city or town limits, write "RURAL") **999 110**
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **2** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **28**
year **1941** hour **6** minute **15 A.** M.

21. I hereby certify that I attended the deceased from **June 12**
1940, to **Mar 26**, 19**41**;
that I last saw him alive on **Mar 25**, 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of stomach**
Melastasis of Ca to spine
Duration **2 yrs**
1 yr

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) **518**

Major findings:
Of operations _____
Of autopsy _____
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? **844**

While at work? _____ (Specify type of place)
(e) Means of injury **D**

23. Signature **Louis Kappel** (M. D. or other) **MD**

Address **609 Humboldt Bldg** Date signed **3-26-41**

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.....

Robert G. Koffe

Licensed Embalmer No..... *2971*

P. O. Address.....

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, fact should be so stated above.