DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12136

APR 9 1941

Registration District No. 784 Primary Registration District No. 2nd Registrar's No. 706

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

1. PLACE OF DEATH:
(a) County: St. Louis County
(b) City or town: Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Admitted 1/23/41. (Specify whether years, months or days)
In this community: Since 1/23/41.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Illinois (b) County: 96
(c) City or town: Riverton (If outside city or town limits, write "RURAL") 10
(d) Street No.: Route #1 (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? - years. 0

3. (a) PRINT FULL NAME: Elmer Charles Evans
3. (b) If veteran, name war: World War
3. (c) Social Security No.: None.
4. Sex: Male 0
5. Color or race: white
6. (a) Single, widowed, married, divorced: divorced
6. (b) Name of husband or wife: -
6. (c) Age of husband or wife if alive: - years
7. Birth date of deceased: August 25, 1887 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
53	7	5	hr. min.

9. Birthplace: Greenville (City, town, or county) Illinois (State or foreign country) 1
10. Usual occupation: Junk Buyer
11. Industry or business:
MOTHER FATHER
12. Name: Unavailable
13. Birthplace: Unavailable (City, town, or county) 4 (State or foreign country)
14. Maiden name: Unavailable
15. Birthplace: Unavailable (City, town, or county) 4 (State or foreign country)
16. (a) Informant: M. Schelling
(b) Address: Cl. Clerk, VAF, Jeff. Bks., Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: April 9-41 (Month) (Day) (Year)
(c) Place: burial or cremation: NATIONAL CEM
18. (a) Signature of funeral director: C. Hoffmeister Jr. P.C.
(b) Address: 7814 S. Broadway
19. (a) APR 1 1941 (Date received local registrar) (b) J. R. Mayer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30th year 1941 hour 11:05 minute a. M.
21. I hereby certify that I attended the deceased from January 23, 1941, to March 30, 1941; that I last saw him alive on March 30, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Nephritis, chronic, with	
Due to Edema and Uremia.	Unknown.
Due to	
Other conditions (Include pregnancy within 3 months of death) Arteriosclerosis, general.	Unkn.

Major findings:
Of operations: - 13 1a
Of autopsy: No 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): no
(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: 0
23. Signature: C. W. Hughes, M.D. (M. D. or other) 11
Address: Chief Medical Officer. Date signed 3/30/41

(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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

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

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