

FILED MAY 25 1942

Registration District No. _____

Primary Registration District No. 2nd

Registrar's No. 1096

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Chesterfield, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(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 Byron E. Evans,

3. (b) If veteran, name war _____ 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 Nellie Evans 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Dec 25 1902
(Month) (Day) (Year)

8. AGE: Years 39 Months 4 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Boone Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Phillip N. Evans

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

14. Maiden name Elizabeth James,

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

16. (a) Informant Elbert Evans,

(b) Address 7136 Lanham, Maplewood, Mo.

17. (a) Burial (b) Date thereof 5-21-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Louis H. Bopp Inc.

(b) Address Kirkwood, Mo.

19. (a) MAY 19 1942 (b) C. H. McFarren
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1511 S. 7th St.,
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1942 hour About 3:30 A M.

21. I hereby certify that I attended the deceased from _____
_____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Natural Causes Duration _____

Due to Cardiac Dilatation
Arteria Sclerosis and
Due to Chronia Myocarditis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 93d
Of operations _____
Of autopsy Yes

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 Louis H. Bopp (M. Coroner)
Address Kirkwood No 5-19-42 Date signed _____

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

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.....

Louis H. Bopp

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Louis H. Bopp

Licensed Embalmer No. *721*

P. O. Address *Winkwood Mo.*

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.