S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 27 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25256

State File No. 0

Registration District No. 84 Primary Registration District No. 101 Registrar's No. 1548

96
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis Clayton

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

(c) Name of hospital or institution: Co Hosp 0
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96

(c) City or town Pine Lawn 0
(If outside city or town limits, write "RURAL")

(d) Street No. 8645 Natural Bridge 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME William Wm Evans

3. (b) If veteran, name war W W

3. (c) Social Security No. 486-28-7661

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mary

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

7. Birth date of deceased Aug (Month) — 3 (Day) 1897 (Year)

8. AGE: Years 44 Months 11 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace Armstrong (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business Curtis Wright

FATHER
12. Name John Evans
13. Birthplace Armstrong (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Belle (Isabelle) Hubbard
15. Birthplace Reneck (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant J J Evans
(b) Address 4997 Tholozan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-42 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Armstrong, Mo

18. (a) Signature of funeral director A H Oldfaker
(b) Address Armstrong Mo

19. (a) JUL 20 1942 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1942 hour 6:40 minute 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 Struck by an automobile while a pedestrian on a public highway.

Due to Extradural hematoma of right parietal region; Linear

Due to fracture of skull right parietal region.

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

Major findings:
Of operations .....
Of autopsy Yes.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

170c 8
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22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence July 18, 1942 717

(c) Where did injury occur? 8600 Natural Bridge Rd (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Louis H Boppelmann M.D. Coroner
Address Kirkwood, Mo. 7/18/42 Date signed .....

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(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 H Popp

Licensed Embalmer No. 921

P. O. Address Kirkwood 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.