

FILED DEC 7 1942

Registration District No.

318

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis Mo  
(b) City or town St. Louis Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Frisco Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 weeks 4 days  
(Specify whether years, months or days)  
In this community 2 weeks 4 days

3. (a) PRINT FULL NAME William Ramsey Evans

3. (b) If veteran, name war no 3. (c) Social Security No. 702-07-1072

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Lilly Evans 6. (c) Age of husband or wife if alive 38 years  
7. Birth date of deceased June (Month) (Day) (Year)

8. AGE: Years 40 Months 0 Days 20 If less than one day hr. min.

9. Birthplace Wilcox County Alabama (City, town, or county) (State or foreign country)

10. Usual occupation P. R. agent

11. Industry or business P. R. agent

12. Name William Evans

13. Birthplace Wilcox County Alabama (City, town, or county) (State or foreign country)

14. Maiden name Mattie Stewart

15. Birthplace Wilcox County Alabama (City, town, or county) (State or foreign country)

16. (a) Informant wife - Mrs. W. R. Evans

(b) Address Wimborough Alabama

17. (a) Frisco City Ala (b) Date thereof Nov 29/42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frisco City Ala

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

(b) Address 4700 Washington Blvd.

19. (a) NOV 28 1942 (b) J. D. Prudek (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Alabama (b) County Wilcox  
(c) City or town Wimborough (If outside city or town limits, write "RURAL")  
(d) Street No. Box 17 (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25 year 1942 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from Nov 8 1942 to Nov 25 1942 that I last saw him alive on Nov 25 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Duration 6 mo

Due to Arterio sclerosis general

Due to Diabetes

Other conditions (Include pregnancy within 3 months of death) purpura hemorrhagica

Major findings: Of operations no

Of autopsy no

Duration  
6 mo

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. M. Black (M. D. or other) —  
Address Frisco Hospital Date signed 11/26/42

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

18

1166

1166

DEC 22 1942

**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 *Albert G. Hoff*  
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.**