

FILED DEC 7 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9915**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 days**
(Specify whether
In this community... years, months or days)

3. (a) PRINT FULL NAME **William Thomas Evans**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NO**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, divorced, **SINGLE**

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

7. Birth date of deceased **JUNE 21 1872**
(Month) (Day) (Year)

8. AGE: Years **70** Months **5** Days **6** If less than one day hr. min.

9. Birthplace **MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **NIL**

11. Industry or business _____

12. Name **THOMAS EVANS**

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

14. Maiden name **MARY MONDAY**

15. Birthplace **MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **Samuel Kelly**

(b) Address **3935 Shenandoah av**

17. (a) **BURIAL** (b) Date thereof **NOV 30 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY CEMETERY**

18. (a) Signature of funeral director **E. J. Schurr**
(b) Address **3125 Lafayette av**

19. (a) **NOV 28 1942** (b) **J. F. Bredich**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **000 12**
(c) City or town **St. Louis** **9 17**
(If outside city or town limits, write "RURAL")
(d) Street No. **3935 SHENANDOAH AV.**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **27**,
year **1942** hour **8:10** minute **A.** M.

21. I hereby certify that I attended the deceased from **November 21, 1942** to **November 27, 1942**; that I last saw him alive on **November 27, 1942**; and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of rectum**
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) **H**

Major findings: Of operations _____
Of autopsy **refused**

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)
(c) Means of injury _____
23. Signature **Louis R. Rudolph**
Address **1515 Lafayette Avenue** Date signed **NOV 27 1942**

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

MOTHER FATHER

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..... *Joe B. Vallmu*.....

Licensed Embalmer No. *4614*.....

P. O. Address *3125 Lafayette ave*.....

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.