

Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town 8149 Gravois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Miller Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town Afton
(If outside city or town limits, write "RURAL")
(d) Street No. 8149 Gravois
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from January
ninth 9th 1943 to January 19 1943
that I last saw him alive on January 16th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial
Asthma Bronchitis
Due to arteriosclerosis
Due to hemiplegia left side
Other conditions infarction
(Include pregnancy within 3 months of death)
Major findings: No operation
Of operations _____
Of autopsy No

Duration
PHYSICIAN
Underline
the cause to
which death
should be
charged sta-
tistically.

3. (a) PRINT FULL NAME Jesse Evrard

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, 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 Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 74 hr. min.

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

10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER { 12. Name Lewis Evrard
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Lida Pryor
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John Evrard
(b) Address 7517 Woodland

17. (a) Burial (b) Date thereof 1-22-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation High Ridge, Mo.

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester

19. (a) JAN 25 1943 (b) C. H. McFarlan
(Date received local registrar) (Registrar's signature)

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?
While at work? No (Specify type of place) (e) Means of injury _____

23. Signature J. G. Meredith (M. D. or other) MD
Address 1269 N. King Highway Date signed 1-20-43

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

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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. 921
working under my personal supervision.

Signed Louis H. Bopp
.....
..... Licensed Embalmer No.

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.

EMBALMERS