

Registration District No. **19321 8**

Primary Registration District No. **1005**

Registrar's No. **3152**

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
St. Marys Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) **14 yrs.**

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **2617 Pine Street**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Adam Evans**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **Col**

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **March 10 1873**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70 1 5 hr. _____ min.

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

10. Usual occupation **nil**

11. Industry or business _____

MOTHER FATHER { 12. Name **unknown**

{ 13. Birthplace **unknown** **9**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **unknown**

{ 15. Birthplace **unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edward Evans**

(b) Address **2617 Pine Street**

17. (a) Burial **Burial** (b) Date thereof **April 22/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **Dement & Son**

(b) Address **2620-31 Cole St**

19. (a) **APR 22 1943** **J. F. Budeck**
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **15**
year **1943** hour **2** minute _____

21. I hereby certify that I attended the deceased from **9 April 1943** to **15 April 1943**
that I last saw him alive on **15 April 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Senility**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **162**

Duration

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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 mode of place) (e) Means injury.

23. Signature **W. Beaton** (M. D. or other) _____
Address **2742 Franklin** Date signed _____

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..... *William Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address..... *4575 Aldine*

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.