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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12756

FILED MAY 15 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4085

1. PLACE OF DEATH:
(a) County _____
(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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County _____
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 3712 N. Euclid
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME James High Evans
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 30th
year 1944 hour 4:40 minute P. M.
21. I hereby certify that I attended the deceased from April 21st
19 44 to April 30th 19 44
that I last saw him alive on April 30th 19 44
and that death occurred on the date and hour stated above.
Immediate cause of death Uremia Duration _____

4. Sex MALE 5. Color or race W. 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife HARRIET V. EVANS 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 4, 1862
(Month) (Day) (Year)

Due to Benign prostatic hypertrophy
Due to _____
Other conditions (Include pregnancy within 3 months of death) 137
Major findings: Of operations _____
Of autopsy none performed

8. AGE: Years Months 26 If less than one day
81 4 28 hr. _____ min.
9. Birthplace CARTHAGE ILL. 1
(City, town, or county) (State or foreign country)

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) Means of injury _____

10. Usual occupation RETIRED
11. Industry or business _____
12. Name KANGELY EVANS
13. Birthplace MO. 0
(City, town, or county) (State or foreign country)
14. Maiden name MARIETTA JOHNSON
15. Birthplace MO. 0
(City, town, or county) (State or foreign country)

23. Signature W. D. Maden (M. D. or other) _____
Address 1515 Lafayette Date signed 5/1/44

16. (a) Informant Ralph C. Evans
(b) Address 729 POPE AVE
17. (a) BURIAL (b) Date thereof 5-3-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation LAKE CHARLES
18. (a) Signature of funeral director Calvin P. Freely
(b) Address 4828 North Bridge Bl.
19. (a) MAY 2 1944 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

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 John Menar

Licensed Embalmer No. 4186

P. O. Address St. Louis 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.