No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 7 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22200

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6080

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos (Specify whether
In this community 26 YEARS
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. 3225 Bell Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Brunso Evans

3. (b) If veteran, name war

3. (c) Social Security No. 497-20-2261

4. Sex MALE

5. Color or race NEGRO

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 11 (Month) 22 (Day) 1900 (Year)

8. AGE: Years 46 Months 7 Days 0 If less than one day hr. min.

9. Birthplace CRSTALSPRING (City, town, or county) MISS (State or foreign country)

10. Usual occupation LABOR

11. Industry or business McQUAY NORRIS MFG CO

FATHER
12. Name SAM EVANS
13. Birthplace CRSTALSPRING (City, town, or county) MISS (State or foreign country)

MOTHER
14. Maiden name EVA SMITH
15. Birthplace CRSTALSPRING (City, town, or county) MISS (State or foreign country)

16. (a) Informant Eva Hughes
(b) Address 3225 Bell Ave

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 6-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation Crystal SPRING, MISS

18. (a) Signature of funeral director Bennie Lowe
(b) Address 3103 WASHINGTON AVE

19. (a) JUL 25 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1947 hour 1 minute 5 P M.

21. I hereby certify that I attended the deceased from April 23, 1947 to June 22, 1947; that I last saw him alive on June 22, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Peri-Arteritis Nodosa	Undet
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Edward P. Williams (M. D. or other)
Address 2601 N Whittier Date signed 6/23/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 W. 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.