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

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32481

FILED OCT 4 1947

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 9110

1. PLACE OF DEATH:

(a) County

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 060

(c) City or town Saint Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1605 Missouri Ave 9
(If rural, give location)

23 (e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME LESLIE EVANS

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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 Unknown (Month) (Day) (Year)

8. AGE: Years About 69 | Months | Days | If less than one day hr. min.

9. Birthplace Jonesboro, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Retired (Unknown)

11. Industry or business

MOTHER FATHER

12. Name John Evans

13. Birthplace Jonesboro, Illinois (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs H.H.Evans

(b) Address 5237 Washington Ave

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Oct 1/47 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director C.R.Lupton & Sons

(b) Address 7233 Delmar Blvd.

19. (a) SEP 30 1947 (Date received local registrar) (b) J. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29th year 1947 hour 11:30 minute A M.

21. I hereby certify that I attended the deceased from 8/27/47, 19..., to Sept. 29th, 19 47 that I last saw him alive on Sept. 29th, 19 47 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic heart disease	
Due to: Arteriolar nephrosclerosis	
Due to: Bronchopneumonia, Pneumonia	2 weeks
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 131
Of autopsy

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 0

23. Signature Paul H. Bloch (M. D. or other)

Address 1516 Lafayette Date signed 9/29/47

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 Harold C. Kirke, Registered Apprentice No. 4, working under my personal supervision.

Signed Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood, Me.

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.