

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

10143

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis, Mo. Baptist, Sant** Registered No. **2720**  
St. .... Ward

2. FULL NAME

**Dorothy Evans**  
(a) Residence. No. **#5463 Delmar, Del.** (If nonresident give city or town and State)  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female**  
4. COLOR OR RACE **White**  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Thomas Evans**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Nov, 18<sup>th</sup>, 1849**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<b>77.</b>	<b>4.</b>	<b>X.</b>	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work **At home**  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Germany**  
(STATE OR COUNTRY)

10. NAME OF FATHER **Jake Wallauer**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Germany**  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **(unknown) Dick**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Germany**  
(STATE OR COUNTRY)

14. INFORMANT **Mrs Frank Northway**  
(Address) **#5463 Delmar, Del.**

15. FILED **MAR 20 1927** **Max Starkoff**  
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **March, 18<sup>th</sup>, 1927**

17. I HEREBY CERTIFY, That I attended deceased from **several years** 19... 19...  
that I last saw her alive on **3/17/27**, 19... and that death occurred, on the date stated above, at **9:20 A.M.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Uncompensated heart**  
**Branchial Asthma**  
**for Tubercular, Mitral**  
**Regurgitation** (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) **Smoking** (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED **Germany**  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? **No** DATE OF...  
WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) **Saml Bassett**, M. D.  
**3/19, 1927** (Address) **5427 Delmar**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Oak Grove Cem** DATE OF BURIAL **3-20-27**

20. UNDERTAKER **C. R. Rupton** ADDRESS **4449 Olive St.**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHICH WILL OBTAINING INK—THIS IS A PERMANENT RECORD

