JUN 4 1928

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

Do not use this space.

14746

File No. .....

Registered No. 105

1. PLACE OF DEATH

County St. Louis

Registration District No. 1170

Township .....

Primary Registration District No. 6248A

City Richmond Hts Mo. (No. St Mary's Hospital St. ..... Ward)

2. FULL NAME Catherine Evers.

(a) Residence. No. 4229 Oregon Avenue. St., ... Ward. St. Louis. Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph A. Evers

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 16. 1893

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
34	4	12	

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) .....
(STATE OR COUNTRY) St. Louis, Mo.

PARENTS

10. NAME OF FATHER Andrew Haag

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

12. MAIDEN NAME OF MOTHER Dont know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Dont know

14. INFORMANT Geo. A. Evers
(Address) 4229 Oregon Avenue

15. FILED 4/28 1928 C. L. Jensen REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 27 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr 20, 1928, to Apr 27, 1928, that I last saw h. alive on Apr 27, 1928, and that death occurred, on the date stated above, at 8.30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1 Embolism
1 hr. feeling unwell
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Retained secundines
pregnant about 3 months
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Apr 27 - 1928
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Richard H. Fulmann, M. D
4/28, 1928 (Address) 4247 S. Grand

*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	DATE OF BURIAL
SS. Peter & Paul Cemetery	Apr. 30 1928
20. UNDERTAKER J. W. Gebhardt & Son	ADDRESS 2542 Keramec

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.

WHITE PAPER, WITH GRADING INK, THIS IS A PERMANENT RECORD