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

Do not use this space.

26028

1. PLACE OF DEATH

County..... Registration District No. 791 File No. .....

Township..... Primary Registration District No. 1003 Registered No. 7891

City St. Louis. Mo. (No. Missouri Baptist Sanitarium St. ..... Ward)

2. FULL NAME Eva Capp

(a) Residence. No. 638 N. 7th St. St., 12 Ward. E. St. Louis. Ill.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 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 John Capp

6. DATE OF BIRTH (MONTH, DAY AND YEAR) MAY 21 1855

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
73	2	8	

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) Ohio

PARENTS

10. NAME OF FATHER William Randall

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Walter Capp
(Address) 638 N. 7th St. E. St. Louis

15. AUG -1 1928 Filed, 19..... Mae C. Starkey Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 29 1928

17. I HEREBY CERTIFY, That I attended deceased from July 1927, to July 29 1928 that I last saw h. ex. alive on July 29 1928, and that death occurred, on the date stated above, at 9 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Metastatic carcinoma
Carcinoma vulva of
uterus death from
Hemorrhage (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Carcinoma of
Cervix Uteri (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED At home
IF NOT AT PLACE OF DEATH.....
DATE OF ADMISSION July 1927
WAS OPERATION PRECEDE DEATH? No
DATE OF OPERATION.....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Microscopic examination
(Signed) W. L. Thapp, M. D.
, 19 (Address) Missouri Bldg.

*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
Mt. Hope. East St Louis Ill	Aug 1 1928
20. UNDERTAKER E. Sturm Jr. Kurrus Und. Co	ADDRESS E. St. Louis Illinois

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD