

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

Do not use this space.

35537

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis, Mo (No. 3967 Lincoln Ave)  
 Registered No. 10694 St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Sarah Evans  
 (a) Residence No. 3967 Lincoln Ave, St. 10 Ward. \_\_\_\_\_  
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jun 10 - 1839  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
89      9      16

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

9. BIRTHPLACE (CITY OR TOWN) Penn  
 (STATE OR COUNTRY)

10. NAME OF FATHER Don't know Euler  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Penn  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Don't know  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Penn  
 (STATE OR COUNTRY)

14. INFORMANT Walter Evans  
 (Address) 3967 Lincoln Ave

15. May 6 Starkoff  
 REGISTERS

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 26<sup>2</sup> 1928  
 17. I HEREBY CERTIFY, That I attended deceased from July 10, 1928, to Oct 23, 1928.  
 that I last saw him alive on Oct 23, 1928, and that death occurred, on the date stated above, at 8:15 PM m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Broncho Pneumonia  
11/2 (duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Grippe, Sore  
debility (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH, \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) Peter H. Sch, M. D.

10/27, 1928 (Address) 470 1/2 St. Louis Ave  
 \*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 Free Free Cem DATE OF BURIAL Oct 29 1928

20. UNDERTAKER By Leidner Med Co. S. Market St

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

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.

