

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

Do not use this space.

6381

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1008  
 City..... St. Louis. (No. 4558 Morganford Rd.) St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
 Registered No. 1150

**2. FULL NAME**

Catherine Evans.

(a) Residence. No. 4558 Morganford Rd. St. 15 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) Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clayton L. Evans.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 4, 1891.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
38 2 27.

**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) Edwardsville,  
 (STATE OR COUNTRY) Ills.

10. NAME OF FATHER Meinhard Kurman.  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany.  
 12. MAIDEN NAME OF MOTHER Catherine Reis.  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany.

14. INFORMANT Clayton L. Evans  
 (Address) 4558 Morganford Rd.

15. FILED 132 May C. Harker REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 1, 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 27  
1930 to Feb 1 1930  
 that I last saw her alive on Feb 1 1930 and that death occurred, on the date stated above, at 8:50 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Lobar Pneumonia.  
10 X  
15 B (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) Erysipelas of neck non traumatic (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTACTED?  
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Findings.  
 (Signed) D. B. W. Kippel. M. D.

2/3 1930 (Address) 3772<sup>a</sup> 50 Broadway

\*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 SS. Peter & Paul Cemetery DATE OF BURIAL Feb. 4, 1930

20. UNDERTAKER Ed. Gebken L. & Co. ADDRESS 2842 Meramec.

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

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2  
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