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.

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JAN 27 1933

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

Do not use this space.

41570

1. PLACE OF DEATH
County St Louis — Registration District No. 1160 — File No.
Township Central — Primary Registration District No. 4470 — Registered No. 122
City University (No. 6363 Pershing St. Ward)

2. FULL NAME Mary Archer Evans
(a) Residence, No. 6363 Pershing St., 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 OF (OR) WIFE OF: David G. Evans
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown 1856
7. AGE: YEARS 76 — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 15

FATHER
13. NAME: John Quirk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Dr Archer O Reilly 6363 Pershing Av
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Dec 24th 1932
19. UNDERTAKER (ADDRESS): Arthur J Donnelly Und Co 2039 Wash St
20. FILED Dec 23 1932 Lena D. Moeller D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 22, 1932
22. I HEREBY CERTIFY, That I attended deceased from March, 1914, to Dec. 22, 1932
I last saw her alive on Dec. 22, 1932. Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Dec. 20
95B	
107A	

Other contributory causes of importance:
Cardiovascular Hypertension 15 yrs. or more

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? NO
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —
24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify —
(Signed) Walter Baumgarten, M. D.
(Address) 3720 Washington Ave

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Bonn [illegible]
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