

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

Do not use this space.

7474

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. City Hospital)

File No.....
Registered No. 1428
St. Ward

10982 2 FULL NAME Evelyn Lee
(a) Residence, No. 3317 Laclade St., Ward. 21
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 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) divorced
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9 - 1898
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 - - -
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) unknown
13. NAME unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
17. INFORMANT (ADDRESS) Hospital Int. Dept. City Hospital
18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethel DATED 2-13-33
19. UNDERTAKER (ADDRESS) Beiderwider Funeral Home 1936 St. Louis
20. FILED FEB 11 1933 W. C. Stanley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9th, 1933
22. I HEREBY CERTIFY, That I attended deceased from Feb 6th 1933 to Feb 9th, 1933
I last saw her alive on Feb 9th, 1933. Death is said to have occurred on the date stated above, at 4:50 PM

The principal cause of death and related causes of importance were as follows:
Edema of Brain
Edema of Lung
Acute Nephritis
Date of onset

Other contributory causes of importance: 135
111
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? yes
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?
If so, specify Ellis S. Margolin, M. D.
(Signed) City Hospital
(Address)

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.

Lee