

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.

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

Do not use this space.

21758

1. PLACE OF DEATH

County St. Louis
Township Central
City Overland

Registration District No. 489
Primary Registration District No. 6033B

File No. _____
Registered No. 186
St. _____ Ward _____

2. FULL NAME Susan Evans

(a) Residence, No. 9722 Midland Ave. Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. Widow 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Evans
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-27-1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
66 1 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
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

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs. J. J. Schepis
(ADDRESS) 9722 Midland Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Glencoe Mo. DATE July-2-1934

19. UNDERTAKER Sprader Funeral Home
(ADDRESS) Ballwin, Mo

20. FILED 6-30 1934 H. A. Boehmer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June-29-1934

22. I HEREBY CERTIFY, That I attended deceased from June 2- 1934, to June 29- 1934
I last saw him alive on June-29-1934. Death is said to have occurred on the date stated above, at 5:28 p.m.
The principal cause of death and related causes of importance were as follows:

Obstetrical Abstruction
Sub. Acute
12 1/2 4 1/2
Other contributory causes of importance: _____

Carcinoma Gastric Stomach 6 1/2
(Pylorus) 1/34

Name of operation none Date of _____
What test confirmed diagnosis? May findings 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) August G. Wickham M. D.
(Address) 6194 Delmore Blvd

Dr. G. H. Wickman
6194 Delmar

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