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.

FEB 8 1937 791

File No. 47094

Registered No. 4

96 1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. 2619 Rauschenbach Ave., St. Ward)

Registration District No.

Primary Registration District No. 1003

2. FULL NAME Wilhelmina J. Evers,

(a) Residence, No. 2619 Rauschenbach Ave. St. 20 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: Late Christopher Evers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 12th, 1845

7. AGE: YEARS 91 | MONTHS 0 | DAYS 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at 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): Germany

FATHER

13. NAME: Not knwon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germmny

17. INFORMANT (ADDRESS): Mrs. Louise Drewes, 2619 Rauschenbach Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Pickers. DATE Jan. 2nd, 1937

19. UNDERTAKER (ADDRESS): Hy Leidner Mnd. Co. 1417 N. Market St.

20. FILED JAN 1 1937 J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1936, to Dec 30, 1936

I last saw her alive on Dec 30, 1936. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia. 12/28/36

Date of onset

Other contributory causes of importance:

Fracture Femur Surgical Necks. 12/16/36

Name of operation: Non Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accid Date of injury 12/18, 1936

Where did injury occur? Home fell out of bed (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury: Fracture of Rt. Femur, Surgical Neck

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. F. Stengel, M. D.

(Address) 1875 Madison