MAR 5 - 1937

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

Do not use this space.

File No. 8251
Registered No. 1700

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis Mo. (No. 5885 Cates Ave. St. ..... Ward)

2. FULL NAME Ruth G. Evans

(a) Residence, No. 5885 Cates Ave. St., 5 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-7-1909

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	27	7	1	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barnes Hospital

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) LeGrand
(STATE OR COUNTRY) Iowa

FATHER

13. NAME Dr. Mark Evans

14. BIRTHPLACE (CITY OR TOWN) Green Mountain
(STATE OR COUNTRY) Iowa

MOTHER

15. MAIDEN NAME Mary Caroline Dodd

16. BIRTHPLACE (CITY OR TOWN) Tibbets
(STATE OR COUNTRY) Iowa

17. INFORMANT Bruce Evans
(ADDRESS) 5885 Cates Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Crematory DATE 2-9-1937

19. UNDERTAKER Alexander & Sons
(ADDRESS) 6175 Delmar Blvd.

20. FILED FEB 8 - 1937 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-7, 1937, to 2-7, 1937

I last saw her alive on 2-7, 1937. Death is said to have occurred on the date stated above, at 12:30 a.m.

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

	Date of onset
Pulmonary tuberculosis	1929

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

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) Oliver Abel M.D., M. D.
(Address) Foster Bldg

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.

Dr.Oliver Abel Jr.
Lister Bldg. 4500 Olive St.

Forest 3800 up to 12

all morning