

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

Do not use this space.

MAY 7 1937

14954

1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis (No. ....)

Registration District No. 791  
Primary Registration District No. 1903  
City Hospital No. 2

File No. ....  
Registered No. 4450  
St. .... Ward)

2. FULL NAME Lillie Evans

(a) Residence, No. 2018 (R) Wash St. 21 Ward. ....

(Usual place of abode)  
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26 19 37

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

22. I HEREBY CERTIFY, That I attended deceased from April 11, 19 37 to April 26, 19 37

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1874

I last saw h. or alive on April 26, 19 37 Death is said to have occurred on the date stated above, at 12:55 P. M.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
2 55 6 21 16

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

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

Arteriosclerotic Heart Disease

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. ....

Date of onset 4-11-37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

13. NAME Unknown

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? No

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

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

15. MAIDEN NAME Louisa Tweedy

Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. ....

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austin Texas

Manner of injury .....  
Nature of injury .....

17. INFORMANT Ruby Perdeau  
(ADDRESS) 2945 Lawton

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

18. BURIAL CREMATION, OR REMOVAL PLACE Greenwood DATE April 29, 1937

19. UNDERTAKER A. L. Beal and Co.  
(ADDRESS) 27 1/2 Lucas ave.

If so, specify A. L. Lewis, M. D.  
(Signed) 2945 Lawton  
(Address)

20. FILED J. A. Bredeck  
APR 29 1937 Registrar.

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.

I-2031A

2009

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000