

AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **St. John's Hospital.**) St. Ward)

File No. **26047**
Registered No. **7221**

2. FULL NAME **Mrs. Margaret Evans.**

(a) Residence, No. **601 Wilmington Ave.** 9St. / Ward. (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) **Married.**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Harry M. Evans.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **8-27-1895**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
41 11 1

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.

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) **St. Louis, Mo.**

13. NAME **George Burns.**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri.**

15. MAIDEN NAME **Alice Carter.**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri.**

17. INFORMANT **Harry M. Evans,**
(ADDRESS) **601 Wilmington**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **7-30-37.**

19. UNDERTAKER **Sullivan Bros.**
(ADDRESS) **2849 North Euclid Ave.**

20. FILED **JUL 29 1937** **J. J. Bredek** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 28 1937**

22. I HEREBY CERTIFY That I attended deceased from **July 23 1937** to **July 28 1937**.
I last saw h^e. t. alive on **July 28 1937**. Death is said to have occurred on the date stated above, at **4a** m.

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

Ruptured & duodenal ulcers Date of onset **7/23/37**

Other contributory causes of importance:

Peritonitis - generalized Post Operative
Empyema - Chest

Name of operation **For ruptured ulcer** Date of **7/23/37**

What test confirmed diagnosis? **Microscopic** 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? **No.**

If so, specify _____ (Signed) **Pierce W. Powers, M. D.**

(Address) **2531 So. Jefferson**

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.

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Dr. Towers
St. Johns Hospital

Dr

Apr 2 - 1950

RECEIVED
APR 4 1950
Towers