

DEC 13 1937

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

Do not use this space.

39858

1. PLACE OF DEATH

County Deaconess Hosp: 791 / Registration District No. 1008
Township 6150 Oakland Primary Registration District No. 1008
City St. Louis, Mo. (No.) St. Ward) (Ward)

2. FULL NAME

(Stillborn) Evans
(a) Residence, No. 6442 Lindenwood Place Ward 14
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Stillborn
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9, 1937
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9, 1937
22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 11:47 A.M.
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.
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

Stillborn
5 1/2 month macerated fetus
Date of onset
Other contributory causes of importance:
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri
13. NAME Lawrence Eugene Evans
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norrisburg Penn.

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.....

MOTHER 15. MAIDEN NAME Elizabeth Whitby Kimbell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Selma, Alabama
17. INFORMANT Father Lawrence Evans
(ADDRESS) 6442 Lindenwood Place

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) Provis W. Weibel M. D.
(Address) 3831 So Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE Deaconess Hosp 11-9-37
19. UNDERTAKER (ADDRESS) Anatomical Board
20. NOV 23 1937 J. T. Oredick 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.

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