

JAN 10 1938

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

Do not use this space.

43838

1. PLACE OF DEATH

County _____
Township _____
City St. Louis, (No. _____) Ward _____

Registration District No. _____
Primary Registration District No. 1002
St. Marys Infirmary

File No. _____
Registered No. 12088

2. FULL NAME St. Ilborn Evans

(a) Residence, No. 1906 Carr St. 21 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Still born

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 30 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.

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 _____

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

13. NAME Ellis Evans

14. BIRTHPLACE (CITY OR TOWN) Carrollton (STATE OR COUNTRY) Mississippi

15. MAIDEN NAME Mary Lofton

16. BIRTHPLACE (CITY OR TOWN) Carrollton (STATE OR COUNTRY) Mississippi

17. INFORMANT Ellis Evans (ADDRESS) 1906 Carr

18. BURIAL, CREMATION, OR REMOVAL PLACE CITY CEMETERY DATE 12-30-37

19. UNDERTAKER David Van Tassan (ADDRESS) City

20. FILED J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from THE DELIVERY OF STILL BORN FETUS

That saw him alive on _____, 19____ Death is said to have occurred on the date stated above, at 5:20 a.m.

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

HYPERTENSIVE CONDITION OF MOTHER

Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____ If so, specify _____

(Signed) J. Bredeck, M. D.
(Address) 1536 PIPIN St. Louis

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.

DEC 30 1937

