

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

4724  
Do not use this space.

**1. PLACE OF DEATH**

(a) **REGISTRATION DISTRICT** No. 14 1938  
 (b) **Township** St. Louis  
 (c) **City** St. Louis  
 (e) **Length of residence in city or town where death occurred** yrs. mos. ds.

791  
1003

**Registration District No.** .....  
**Primary Registration District No.** .....  
**Registered No.** 1369  
 (d) **Street No.** ..... **BARNES HOSPITAL** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (f) **How long in U. S., if of foreign birth?** — yrs. / mos. / ds. 14

**2. PRINT FULL NAME**

(a) **Residence, No.** ..... **St.** NR HARTFORD, ILL.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. **SEX** Female  
 4. **COLOR OR RACE** white  
 5. **SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) widowed  
 5A. **IF MARRIED, WIDOWED, OR DIVORCED**  
 HUSBAND OF James Whalen  
 (OR) WIFE OF

6. **DATE OF BIRTH** (MONTH, DAY, AND YEAR) Sept. 16, 1879  
 7. **AGE**  
 YEARS 58 MONTHS 4 DAYS 19  
 If LESS than 1 day, ..... hrs. or ..... min.

**OCCUPATION**  
 8. **Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.** Housewife  
 9. **Industry or business in which work was done, as saw mill, bank, etc.** Own Home  
 10. **Date deceased last worked at this occupation** (month and year) Jan. 1928  
 11. **Total time (years) spent in this occupation** 26

12. **BIRTHPLACE** (CITY OR TOWN) (STATE OR COUNTRY) Alton, Illinois

**FATHER**  
 13. **NAME** Richard Evans  
 14. **BIRTHPLACE** (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Wales

**MOTHER**  
 15. **MAIDEN NAME** Margaret Williams  
 16. **BIRTHPLACE** (CITY OR TOWN) (STATE OR COUNTRY) Unknown, England

17. **INFORMANT** (ADDRESS) James Whalen, Hartford, Ill.

18. **BURIAL, CREMATION, OR REMOVAL**  
 PLACE Woods Cemetery, Jordan, Ill. DATE Feb 8, 1938

19. **FUNERAL DIRECTOR** (ADDRESS) Robert H. Streepker, 25216 Woodward, Alton, Ill.

20. **DATE OF DEATH** (MONTH, DAY, AND YEAR) FEB 7 1938

**MEDICAL CERTIFICATE OF DEATH**

21. **DATE OF DEATH** (MONTH, DAY, AND YEAR) Feb. 5, 1938

22. **I HEREBY CERTIFY**, That I attended deceased from 12-29, 1937, to 2-5, 1938.  
 I last saw her alive on 2-5, 1938. Death is said to have occurred on the date stated above, at 1:55 p.m.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of sigmoid colon with metastases to the liver Date of onset 6 months or more  
46

Other contributory causes of importance:  
Peritonitis, generalized, post-operative 12 hrs.  
Broncho-pneumonia, terminal

Name of operation Colo-ectomy Date of 1-31-38  
 What test confirmed diagnosis? ..... 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 Emmett B. Drescher, M. D.  
 (Signed) Emmett B. Drescher  
 (Address) BARNES HOSPITAL, 944

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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STATEMENT BY LICENSED EMBALMER

I, Robert H. Streeper, Licensed Embalmer No. 2474

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

.....L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Robert H. Streeper

Licensed Embalmer No. 2474

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**