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.

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

DEC'D AUG 12 1938

23348
Do not use this space.

791
1003

1. PLACE OF DEATH
(a) County ..... Registration District No. .....
(b) Township ..... Primary Registration District No. ..... Registered No. 6042
(c) City St. Louis, Mo. (d) Street No. City Sanitarium St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Irah Evans 152
(a) Residence, No. 1483 S. Vandeventer St. 18
(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): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lawrence Evans
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 26, 1892
7. AGE: YEARS 45 | MONTHS 6 | DAYS 9 | 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.: Housewife
10. Date deceased last worked at this occupation (month and year): 1932
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis County 0
Missouri 9

FATHER
13. NAME: George McFarland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 9
Unknown

MOTHER
15. MAIDEN NAME: Coro Fleming
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown
Unknown

17. INFORMANT (ADDRESS): Wm. F. McNemae
5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Doe Run, Mo. DATE July 8, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): A. W. McLaughlin
2301 Lafayette ave.

20. FILED JUL 6 1938 J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-5-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-15-37, 19, to 7-5-38, 19
I last saw her alive on 7-5-38, 19 Death is said to have occurred on the date stated above, at 6:40 m. P.M.
The principal cause of death and related causes of importance were as follows:

General paralysis of the Insane 11-15-37x

Date of onset

Other contributory causes of importance:

83

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

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) William F. McNamee M. D.
(Address) 5300 Arsenal

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Paul A. Keith, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2301 Lafayette

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

If this body is not embalmed, above space should be left blank.