

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

Do not use this space.

37849

PLACE OF DEATH
 County St. Louis Registration District No. 1160
 Township Central Primary Registration District No. 4470
 City Thantont City (No. 6849, Julian St. Ward)
FULL NAME Katherine Minnette Evans
 (a) Residence, No. 6849 Julian Ave. St. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 11 1923</u>		
7. AGE	YEARS	MONTHS
	<u>9</u>	<u>11</u>
		<u>12</u>
8. Trade, profession; or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School Girl</u>		
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) <u>St. Louis</u>		
13. NAME <u>Joseph Evans</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>		
15. MAIDEN NAME <u>Norma Hight</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT <u>Joseph Evans</u> (ADDRESS) <u>1649 Julian</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>Nov 27</u> 19 <u>33</u>		
19. UNDERTAKER <u>Arthur J. Connolly & Co</u> (ADDRESS) <u>3842 Lindbergh</u>		
20. FILED <u>Nov 24</u> 19 <u>33</u> <u>Lena V. Mueller</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23 1933 to Nov. 23 1933
 I last saw her alive on Nov. 23 1933 Death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Leukemia
 Other contributory causes (importance):
None
 Name of operation None Date of _____
 What test confirmed diagnosis? blood test 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? No.
 If so, specify _____
 (Signed) Lawrence Goldman, M. D.
 (Address) 1211 Aldy St. Louis

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Mr Goldman

Literacy

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