

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

Do not use this space.

DEC 13 1934

40728

1. PLACE OF DEATH

County Registration District No. 7200
Township Primary Registration District No. 1000
City St. Louis (No. Dr. Paul Hospital) Precinct 1100 Ve. 1. St. Ward)

File No.
Registered No. 10664
Ward)

2. FULL NAME Eva Nance

(a) Residence, No. 5110a Palm St. St., 6 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ted. Nance
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan'y 20, 1893
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 9 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 210
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
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) St. Louis, Mo.

MOTHER 13. NAME Charles Black

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Nellie Brice

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

17. INFORMANT Ted Nance (ADDRESS) 5110a Palm St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Nov 7, 1934

19. UNDERTAKER Geo. R. Heitsch (ADDRESS) 5306 Boston

20. FILED IV - 6 1934 19. Jan. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3, 1934

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 6:30 P.
The principal cause of death and related causes of importance were as follows:

Date of onset
Fracture of skull, laceration of brain, laceration of liver, received when struck by an auto
Other contributory causes of importance: in St. Louis, Mo. 21.
Deceased was a pedestrian.
Name of operation Accident Date of
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? Accident Date of injury 11/3, 1934
Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Struck by auto
Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify
(Signed) John J. Cassidy M.D.
(Address) St. Louis, Mo.
11/5/34

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.

