

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

Do not use this space.

DEC 12 1935

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis Mo (No. Barnes Hospital)

St. Ward)

791
1003File No. 38022Registered No. 100342. FULL NAME Evan Paul Saper(a) Residence, No. 4125 San Francisco St., 10 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Saper6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13, 18717. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 | 7 | 158. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

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) England13. NAME Dont Know14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know15. MAIDEN NAME Dont Know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know17. INFORMANT Mary Saper
(ADDRESS) 8745 Market Bridge18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem DATE Dec 12, 3519. UNDERTAKER (ADDRESS) H. J. Leidner Mnd Co.
1497 N. Market St.20. FILE NO. NOV 29 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-28-193522. I HEREBY CERTIFY, That I attended deceased from 11-18-1935 to 11-28-1935I last saw him alive on Thursday 11-28, 1935 Death is saidto have occurred on the date stated above, at 8:30 p.m.

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

Carcinoma of the Urinary Bladder Date of onsetSepticemiaPulmonary edemaOther contributory causes of importance: 51

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 James E. Pittman, M. D.(Signed) BARNES HOSPITAL(Address) BARNES HOSPITAL

