

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

Do not use this space.

OCT 23 1935

791  
1003

30967

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis (No. 906 Utah Str.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No.....  
Registered No. 7759  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Sarah M. Stacey  
(a) Residence, No. 906 Utah Str. St. 24 Ward. (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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Stacey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 5 - 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 | 9 | 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home  
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) Missouri

MOTHER FATHER 13. NAME Rubin Brookshire

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

15. MAIDEN NAME Martha Frazier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Mrs Alice Tate

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE Sept 16 1935

19. UNDERTAKER Cullinane Bros

(ADDRESS) 1710 N Grand Blvd

20. FILED SEP 16 1935 19 J. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/7 1935 to 9/14 1935  
I last saw h. h. alive on 9/13 1935 Death is said to have occurred on the date stated above, at 6 a. m.

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

Acute Gastro Enteritis Date of onset 9/14/35  
120  
Other contributory causes of importance: Senility

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, 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 A. Dickson, M. D.  
(Signed) J. Bredeck  
(Address) 31501 Eastern

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.

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