

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

791  
1008

27631  
Do not use this space.

7645

REC'D SEP 27 1938

1. PLACE OF DEATH

(a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No..... Registered No.....  
 (c) City ST. LOUIS MO. (d) Street No. 3103 A ST VINCENT 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. SARAH A. DORSTE 623  
3103 A ST VINCENT St. 17 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 5/1878  
 7. AGE YEARS 60 MONTHS 4 DAYS 22 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. NIL  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS  
 13. NAME GEORGE LEWIS  
 MOTHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILL.  
 15. MAIDEN NAME NANCY WIEHHAUN  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILL.  
 17. INFORMANT (ADDRESS) IRINE PRITCHARD  
3103 A ST VINCENT  
 18. BURIAL, CREMATION, OR REMOVAL PLACE SUNSET BURIAL PARK DATE AUG. 27 1938  
 19. FUNERAL DIRECTOR (ADDRESS) E. J. Schmur  
3125 Lafayette av  
 20. FILED J. B. Pridemore Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG. 27 1938  
 22. I HEREBY CERTIFY, That I attended deceased from March 1938 to Aug 27 1938  
 I last saw her alive on Aug 26, 1938. Death is said to have occurred on the date stated above, at 4:12 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of Breast Date of onset 1934  
2 metastases to lung & liver  
 Other contributory causes of importance: None  
 Name of operation Radical Breast Date of 1938  
 What test confirmed diagnosis? Biopsy 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) Leo Gottheb M. D.  
 (Address) 607 N Grand  
St Louis MO

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.

STATEMENT BY LICENSED EMBALMER

I, Joseph B. Vollmer, Licensed Embalmer No. 4014

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E. ....

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

Signed Joseph B. Vollmer  
Licensed Embalmer No. 4014

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