

REC'D FEB 10 1939

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

431
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 1002
(b) Township..... Primary Registration District No.
(c) City of St. Louis (d) Street No. Firmin Desloge 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 Sarah White

(a) Residence, No. 4331 Eichelberger St. 15
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John White
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 5, 1881
7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
58 --- 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as 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) Rolla, Mo. (STATE OR COUNTRY)13. NAME Robert Kinnaird14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)15. MAIDEN NAME Alice Pruitt16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)17. INFORMANT Theresa Quillinan (ADDRESS) 4331 Eichelberger18. BURIAL, CREMATION, OR REMOVAL Nov. St. P. & Paub DATE Jan. 14, 193919. FUNERAL DIRECTOR (NAME) Wacker-Helderle (ADDRESS) 2331 So. Broadway20. FILED JAN 13 1939 J. D. Budick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/12/ 19 3922. I HEREBY CERTIFY, That I attended deceased from 12/4/35, 1935, to 1/11, 1939

I last saw h. or alive on 1/11, 1939 Death is said to have occurred on the date stated above, at 7:15 a.m.
The principal cause of death and related causes of importance were as follows:

Hypostatic pneumonia, lobar 1/11/39 Date of onset
Uremia, cardiac vascular Uncertain
renal disease

Other contributory causes of importance:
Arteriosclerosis 108 Uncertain
Hypertension "
Coronary sclerosis "

Name of operation..... Date of.....

What test confirmed diagnosis? Phys. exam Was there an autopsy? No
E.K.G. & Lab. exam23. If death was due to external causes (violence), fill in also the following: No
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) E. S. Minter, M. D.(Address) 3720 Washington Blvd.,

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Robert Cochran

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Robert Cochran*

Licensed Embalmer No. *2128*

P. O. Address: *St Louis Mo*

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.)

If this body is not embalmed, above space should be left blank.