

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **27191**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **7087**

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4511 Margaretta Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 81 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Sarah Louise Numbers 516

3. (b) If veteran, name war  3. (c) Social Security No.

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Dayton M. Numbers 6. (c) Age of husband or wife if alive Decd. years

7. Birth date of deceased Dec. 11th, 1858  
(Month) (Day) (Year)

8. AGE: Years 81 Months 8 Days 10 If less than one day hr. min.

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER { 12. Name William Dawson  
18. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Boydon  
15. Birthplace Dont Know  
(City, town, or county) (State or foreign country)

16. (a) Informant Isabel D. Hahn  
(b) Address 4511 Margaretta Ave.

17. (a) Burial (b) Date thereof 8-23-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Investment Co.  
(b) Address 3710 N. Grand Blvd.

19. (a) AUG 22 1940 (b) J. J. [Signature]  
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

0  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 10  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4511 Margaretta Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 21st.  
year 1940 hour 4.25 minute P. M.

21. I hereby certify that I attended the deceased from Mar 11 - 1939  
\_\_\_\_\_ 19\_\_\_\_, to Aug 21 1940  
that I last saw h. or alive on Aug 20 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach Duration \_\_\_\_\_

Due to H

Due to H

Other conditions Chronic myocarditis  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) M.D.  
Address 705 - Olive St. Date signed 8/21/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 me

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

working under my personal supervision.

Signed

A. A. Smethers

Licensed Embalmer No.

3916

P. O. Address

3710 N. Grand

**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.**