JAN 5 1928

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

1160

Do not use this space.

34683

1. PLACE OF DEATH

County St. Louis — Registration District No. 4470 — File No. 84

Township ~~Kinloch~~ — Primary Registration District No. — Registered No. 1160

City University City No. 1227 Partridge Ave. St. Ward)

2. FULL NAME Sarah J. Stanhope

(a) Residence. No. 1227 Partridge Ave. St. 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: 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 John Stanhope

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 4 - 1853

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
74	10	13	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ?
(STATE OR COUNTRY) Ohio.

PARENTS

10. NAME OF FATHER Dont know

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Dont know

12. MAIDEN NAME OF MOTHER Dont know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Dont know

14. INFORMANT Mrs. S. Groby
(Address) 1227 Partridge Ave

15. FILED 11-19 1927 Lillian Bruns REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 17 1927

17. I HEREBY CERTIFY, That I attended deceased from 10/15, 1927, to 11/17, 1927, that I last saw her alive on 11/17, 1927, and that death occurred, on the date stated above, at 1.20 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Bronchitis

10/15
11/20
J J B (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
asthma (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) P. C. Barnes M.D. M.D.

11-18, 1927 (Address) 6312 Washington

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Valhalla Cemetery — DATE OF BURIAL: 11-19 1927

20. UNDERTAKER: Geo. L. Pleitsch — ADDRESS: 5966 Easton ave

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.

THIS IS A PERMANENT RECORD

6312 Washington.
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