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.

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

Do not use this space.

22286

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St Louis (No. 3212 Sullivan St. ..... Ward)

File No. .....

Registered No. 6469

2. FULL NAME Sarah Anna DeJong

(a) Residence. No. 3212 Sullivan St., 10 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Robt deJong

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 15, 1853

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
75	0	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At Home 1228 1228

(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) England

PARENTS

10. NAME OF FATHER: Wm Croom

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

12. MAIDEN NAME OF MOTHER: Eliza Whedon

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

14. INFORMANT: Robert deJong (Address) 3212 Sullivan

15. FILED 19 1928 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 17 1928

17. I HEREBY CERTIFY, That I attended deceased from June 13, 1928, to June 17, 1928 that I last saw her alive on June 17, 1928 and that death occurred, on the date stated above, at 5:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intestinal Obstruction

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Paralytic condition of intestines

..... (duration) ..... yrs. 1 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? ✓

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? ✓

(Signed) C. H. Kilker, M.D.

June 18 1928 (Address) 3121 N Grand Blvd.

*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: Bellefontaine Cem

DATE OF BURIAL: 6/16 1928

20. UNDERTAKER: A Kron St U Co. 2707 N. Grand

ADDRESS