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

Do not use this space.

8409

1. PLACE OF DEATH

County ..... Registration District No. 702 ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 2072

City St. Louis, Mo. (No. ....., Sanitarium St. ..... Ward)

2. FULL NAME Sarah Diamond

(a) Residence. No. 3646 West Pine St., 13 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. + mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
About	28			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Factory work
(b) General nature of industry, business, or establishment in which employed (or employer) Unknown
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Poland

PARENTS

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Poland
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Poland

14. INFORMANT C. H. Pearl
(Address) 5300 Arsenal St. St. Louis Mo

15. FILED FEB 14 1929 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-12-1929

17. I HEREBY CERTIFY, That I attended deceased from 2-4-1929, to 2-12-1929, that I last saw her alive on 2-12-1929, and that death occurred, on the date stated above, at 7:10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Myocarditis
93A
95B
(duration) ..... yrs. ..... mos. 8+ ds.

CONTRIBUTORY (SECONDARY) Acute Dilation of Heart
(duration) ..... yrs. ..... mos. 2+ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) C. H. Pearl, M.D.
2-13, 1929 (Address) 5300 Arsenal St. St. Louis Mo

*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: Mt. Pleasant Mo. DATE OF BURIAL: 2-14 1929

20. UNDERTAKER: H. B. Berger. ADDRESS: 4715 McPherson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

C H Pease