

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.

WAR 28 1930

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

Do not use this space.

6210

1. PLACE OF DEATH

County St Louis
Township Bonhomme
City Valley Park (No.)

Registration District No. 785
Primary Registration District No. 6031

File No.
Registered No. 576
St. Ward)

2. FULL NAME

Sarah St John
(a) Residence No. 527 Marshall 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 18 - 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 0 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House-wife
(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) Canada

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Charles St John
(Address) Valley Park Mo

15. FILED 3/9 1930 C. B. Barnett M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-25-1930

17. I HEREBY CERTIFY, That I attended deceased from 2-9-30, 1930, to 2-20, 1930, and that I last saw him alive on 2-19, 1930, and that death occurred, on the date stated above, at 6 4 m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
X2 A
97 (duration) yrs. mos. 17 ds.
CONTRIBUTORY arteriosclerosis (SECONDARY) (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF 9

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) G. P. Knott, M. D.

2-25, 1930 (Address) Valley Park 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

DATE OF BURIAL

Valley Park Mo

Mar. 1 1930

20. UNDERTAKER

ADDRESS

Louis H Bepp

Kirkwood Mo

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