

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

Do not use this space.

18158

**1. PLACE OF DEATH**

County ..... Registration District No. 70A  
Township ..... Primary Registration District No. 100  
City St. Louis (No. 4712, Cote Brillante) St. .... Ward)

File No. ....  
Registered No. 5135  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 4712 Cote Brillante St., 6 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 August Sasse  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 3 1868  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 2 23

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---  
10. Date deceased last worked at this occupation (month and year) .....  
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

FATHER  
13. NAME unknown Wallace

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER  
15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Miss Cora Sasse  
(ADDRESS) 4712 Cote Brillante

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Kalvary DATE May 26 1932

19. UNDERTAKER Arthur J. Donnelly and Co  
(ADDRESS) 2015 West St.

20. FILED 1932  
MAY 20 1932  
Wm C. S. Miller  
Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26<sup>th</sup>, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1932, to May 26, 1932  
I last saw her alive on May 24, 1932 Death is said to have occurred on the date stated above, at 11:45 P. M.  
The principal cause of death and related causes of importance were as follows:

Myocarditis acute 115 D  
Pleurisy acute 93 A  
110 59 A  
0  
Date of onset May 18 1932  
Other contributory causes of importance:

Chronic Rheumatoid Arthritis Jan 8 1932

Name of operation ..... Date of .....  
What test confirmed diagnosis? Rheumatism Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....  
(Signed) Lois M. Leonard, M. D.  
(Address) 5890<sup>th</sup> Eastern 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.

2-30 m.