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

NOV 13 1934

Do not use this space.
34793

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St Louis, Mo. (No. ....., ... St. ..... Ward)

File No. .....
Registered No. 9668

2. FULL NAME Sarah Alice Leopold

(a) Residence, No. City Infirmary 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 40 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	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) X X 1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	83	X	X	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Rock Island Ill.

FATHER

13. NAME Samuel Conway

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

MOTHER

15. MAIDEN NAME Sarah ?

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

17. INFORMANT J. F. Sullivan
(ADDRESS) 5800 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE Oct 3, 1934

19. UNDERTAKER Math Herman & Son
(ADDRESS) 3161 Gravois

20. FILED OCT -2 1934 J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1934, to Sep 30, 1934
I last saw her alive on Sep 30, 1934. Death is said to have occurred on the date stated above, at 1:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	9-28-34
92 A	
95 A	
107 A	

Other contributory causes of importance:
Chronic valular heart disease.
Chronic myocarditis.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) Marvin T. Haw, Jr., M. D.
(Address) 5600 Arsenal St.

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.

100M-11-24-33