

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

Do not use this space.

OCT 23 1935

**791
1003**

30816

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St Louis mo (No. 2821 Beas Toledo)..... St..... Ward.....

File No.....
Registered No. **7600**

2. FULL NAME

Sarah Isabella
(a) Residence, No. 2821 Beas Toledo St., 21 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 <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Isabella</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE <u>abt 42</u>	YEARS	MONTHS
		DAYS
		IF LESS than 1 day,hrs. ormin.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>house work</u>		11. Total time (years) spent in this occupation.....
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).....		

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

13. NAME
Nathan Tellman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
North Carolina

15. MAIDEN NAME
Lousie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
North Carolina

17. INFORMANT (ADDRESS)
John Isabella
2821 Beas Toledo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fatherly Dickson DATE 9-10-35 19

19. UNDERTAKER (ADDRESS)
Cornor & Co
3103 Washington

20. FILED SEP 9 1935 19 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5 1935

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:
Pulmonary Embolism (P)
Chronic Myocarditis
(non-puerperal)

Other contributory causes of importance:
930

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? yes

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?
If so, specify.....
(Signed) Harold P. [Signature], M. D.
(Address).....

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.

