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.

APR 11 1936

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

Do not use this space.

13167

File No.

Registered No. 3244

1. PLACE OF DEATH

County

Township

City St. Louis (No. 5318 Wabada Ave. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Sarah La Tour

(a) Residence, No. 5318 Wabada Ave. 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	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 Fred LaTour

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14th, 1862

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
74	1	10	

OCCUPATION

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

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) Missouri

FATHER

13. NAME Unknown Langin

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Stella Seitz
(ADDRESS) 5318 Wabada Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE March 27, 1936

19. UNDERTAKER Drehmann Wand
(ADDRESS) 1905 Union Blvd.

20. FILED MAR 25 1936 J. J. Beedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mch 16th, 1936, to March 24th, 1936, I last saw h. alive on March 24th, 1936. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	3/27/36

93c

Other contributory causes of importance:

Chronic Myocarditis

Name of operation None 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? None Date of injury, 19
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John A. Lich M. D.
(Address) 2323 Insurance Bldg.