

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.

AUG 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....  
Township.....  
City..... St. Louis

Registration District No.....  
Primary Registration District No.....  
(No. 2506 Clara Ave.

791  
1003

28942

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

2. FULL NAME

Sarah J. Pait

(a) Residence, No. 2506 Clara Ave. St. 6 Ward.

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. (If nonresident, give city or town and State)

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 Jasper Pait

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11th, 1842

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
93 9 9

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

13. NAME Geroge Bradford

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

15. MAIDEN NAME Sarah King

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

17. INFORMANT (ADDRESS) Anne Archer 2506 Clara Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE July 22nd 1936

19. UNDERTAKER (ADDRESS) Dretmann Naval 1905 Union Blvd.

20. FILED JUL 20 1936 J. Predeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20th 1936

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1936, to July 20, 1936. I last saw him alive on July 19, 1936. Death is said to have occurred on the date stated above, at 7:10 A.M. The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset

Other contributory causes of importance: Scurvy

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

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) Vera King, M. D. (Address) 7204 Union

Vol. EV1852

