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.

OCT 5 1936

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

Do not use this space.

33183

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 9086

City St. Louis (No. 1811 La Salle Street, ... St. ..... Ward)

2. FULL NAME Sarah Lehbold

(a) Residence, No. 1108 Madison Ave. St., 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Felix Lehbold

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): UNK

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Vendor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Confections
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): Cincinnati Ohio

FATHER

13. NAME: Angelo Colonna
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

MOTHER

15. MAIDEN NAME: (Unk) Col[illegible]a
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

17. INFORMANT (ADDRESS): Joseph Lehbold 1108 Madison

18. BURIAL, CREMATION, OR REMOVAL
NEW PLACE Mt. Sinai DATE 9/3/36 19

19. UNDERTAKER (ADDRESS): J. B. Berger L+U. Co. 4715 McPherson

20. FILED SEP 1 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 31, 36 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1936, to Aug 31, 1936

I last saw her alive on Aug 30, 1936 Death is said to have occurred on the date stated above, at 48 m.

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

Acute Cardiac Dilatation

59

Date of onset

Other contributory causes of importance:

Chronic myocarditis - Arteriosclerosis & Diabetes

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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) H. G. Frazer, M. D.

(Address) 1109 Chartrain Ave.