

NOV 4 1936

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1008**
City St. Louis (No. 5826 Page, Blvd. St. Ward) **39135**
Registered No. **10166**

2. FULL NAME Blanche Sarrazin

(a) Residence, No. 5826 Page, Blvd. St. 5 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) (unknown) 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 — —

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At 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) St. Louis, (STATE OR COUNTRY) Missouri

13. NAME Charles Sarrazin

14. BIRTHPLACE (CITY OR TOWN) Bordeau, (STATE OR COUNTRY) France

15. MAIDEN NAME Alexandrine Viguiet.

16. BIRTHPLACE (CITY OR TOWN) Nancy, (STATE OR COUNTRY) France

17. INFORMANT Dr. A. Blayer (ADDRESS) University Club Bldg.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine, Cem DATE 10/9/ 1936

19. UNDERTAKER C. R. Hupton & Sons (ADDRESS) 4449 Olive, St.

20. FILED OCT 8 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7th 1936

22. I HEREBY CERTIFY, That I attended deceased from 1916, 19..... to October 7, 1936

I last saw her alive on October 7, 1936. Death is said to have occurred on the date stated above, at 9:00 a.m.

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

Infirmities of age

Date of onset

Other contributory causes of importance:

Chronic Hypostatic Pneumonia - terminal type
Chronic Rheumatoid Arthritis
Chronic Myocarditis

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

What test confirmed diagnosis? None 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) Adrian Blayer, M. D.

(Address) 817 University Club Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE NECESSARY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

10-11-74 M.
Fr. 4300