

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

Do not use this space.

NOV 4 1936

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. Jewish Hospital)

Registration District No. 791
Primary Registration District No. 1003

File No. 39519
Registered No. 10560 St. _____ Ward _____

2. FULL NAME Sarah Duke

(a) Residence, No. 5937 Maple 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) married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
ab 63

OCCUPATION 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) (STATE OR COUNTRY) Poland

FATHER 13. NAME Jacob Siegel

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

MOTHER 15. MAIDEN NAME Anna (unk)

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

17. INFORMANT Sam Duke
(ADDRESS) 1206 Bellview

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth DATE 10/21/36

19. UNDERTAKER H. B. Berger
(ADDRESS) 47 W 15th St

20. FILED NOV 21 1936 J. Predeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-21-36 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-12-36, 1936, to 10-21-36, 1936.

I last saw her alive on 10-21-36, 1936. Death is said to have occurred on the date stated above, at 2:30 A.M.

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

Bronchial Pneumonia
Date of onset _____
Other contributory causes of importance: 107

Name of operation _____ Date of _____
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 _____, 1936.

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) E. H. Bouders, M. D.

(Address) 6337 Clayton Ave

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