

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

Do not use this space.

DEC 3 1936

791

42476

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **ST LOUIS** (No. **Lutheran Conv. Home**) St. .... Ward)

**2. FULL NAME**

**Sally Hambleton**  
 (a) Residence, No. **4359 Taft Av. St. 15** 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**

**MEDICAL CERTIFICATE OF DEATH**

**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  
**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
 About 76  
**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** Retired  
**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.** Formerly Employed  
 Tradewell Laboratories  
**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  
**13. NAME** Unknown Hambleton  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Unknown  
**15. MAIDEN NAME**  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**  
**17. INFORMANT (ADDRESS)** Edith B. Collins 50 Portland St.  
**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE **MacCreary** DATE **11-2-36**  
**19. UNDERTAKER (ADDRESS)** Witt B. DeWitt 2924 S. Jefferson Ave.  
**20. FILED** NOV - 2 1936 Registrar

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Nov. 1 1936  
**22. I HEREBY CERTIFY, that I attended deceased from** Oct 26 to Nov 1 1936  
 I last saw her alive on Oct 27 1936 Death is ...  
 to have occurred on the date stated above, at 7:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
 Apoplexy  
 Cerebral Hemorrhage  
 Other contributory causes of importance:  
 Arteriosclerosis 2 yrs  
**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** ..... 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?** .....  
**If so, specify** .....  
**(Signed)** **Harold S. Phillips** D.  
**(Address)** **4724 Goodrich**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Handwritten text at the top right of the page, possibly a date or reference number, including the characters "H 7 2 0 0 0".