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.

DEC 3 1936

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

Do not use this space.

42815

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1002

City St. Louis (No. 3518 Baily Ave. St. ..... Ward)

File No. ..... Registered No. 11366

2. FULL NAME Sarah Roche

(a) Residence, No. 3518 Baily Ave. St., 10 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

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 David

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 11th 1866

7. AGE: 70 YEARS | MONTHS: xxxxx | DAYS: 3 | If LESS than 1 day, ... hrs. or ..... min.

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) Whales

FATHER

13. NAME James Hart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Mary Hart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT David Roche
(ADDRESS) 3518 Baily Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemt DATE Nov 17th. 1936

19. UNDERTAKER Harrigan & Sheahan Und Co
(ADDRESS) 4415 Washington Blvd.

20. FILED NOV 16 1936 J F Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14th. 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1st, 1935, to Nov. 14th, 1936

I last saw her alive on Nov 14th, 1936 Death is said to have occurred on the date stated above, at 7 PM m.

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

	Date of onset
Cardio renal disease	1 year
Renal arteriosclerosis	2 yrs
Other contributory causes of importance:	
Arthritis deformans	5 years

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

What test confirmed diagnosis? Rdh 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? .....

If so, specify .....

(Signed) Arthur Lindloer, M. D.

(Address) 2202 University St