

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

Do not use this space.

**1. PLACE OF DEATH**

96  
39  
County.....  
Township.....  
City St. Louis (No. Missouri Baptist Hosp.)  
Registration District No. 791  
Primary Registration District No. 1003

File No. 3356  
Registered No. 388  
St. .... Ward)

**2. FULL NAME** Sarah R. Housekeeper

(a) Residence, No. 6825 Plymouth U-City St., NR Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. L. Housekeeper</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 30 1866</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>8</u>	DAYS <u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>		
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) Kokomo, Indiana (STATE OR COUNTRY)

13. NAME Unknown Rohrer

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

15. MAIDEN NAME Unknown

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

17. INFORMANT J. L. Housekeeper (ADDRESS) 4903 Delmar Blvd Rm. 229

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE Jan. 12, 1937

19. UNDERTAKER Alexander & Sons (ADDRESS) 6175 Delmar Blvd.

20. FILED JAN 11 1937 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 - 196, to Jan - 10, 1937  
I last saw her alive on Jan - 9, 1937. Death is said to have occurred on the date stated above, at 1:25 m.  
The principal cause of death and related causes of importance were as follows:

Aneurysm abdominal aorta  
96  
Other contributory causes of importance:  
Emphysema basal lobes  
Date of onset

Name of operation no Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury ....., 19...  
Where did injury occur? ....., 19...  
(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) J. H. Hall M. D.  
(Address) 4903 Delmar

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.

MAR 24 1944