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

Do not use this space.

File No. 8314
Registered No. 1765

1. PLACE OF DEATH

County
Township
City St. Louis, Mo. (No. St. Johns Hospital St. Ward)

Registration District No. 791
Primary Registration District No. 1003

2. FULL NAME Sarah Walde

(a) Residence, No. St., N.R. Ward. Beaufort, Missouri
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 18th, 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	61	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Union, Missouri

FATHER

13. NAME John Bauer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union, Missouri

MOTHER

15. MAIDEN NAME Theresa Kloppenburg

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

17. INFORMANT Charles J. Carson
(ADDRESS) 4222 West Pine Boulevard

18. BURIAL, CREMATION, OR REMOVAL
PLACE Beaufort, Mo. DATE February 11, 1937

19. UNDERTAKER Albert H. Hoppe Inc.,
(ADDRESS) 429 N. Euclid Avenue

20. FILED FEB 9 - 1937, 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 8th, 1937

22. I HEREBY CERTIFY That I attended deceased from Feb. 5, 1937, to Feb 8, 1937
I last saw her alive on Feb 8, 1937. Death is said to have occurred on the date stated above, at 11:00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess, subphrenic	Feb 2, 37
Results of operation on December 4th Removal of Gall Bladder and Stones	

Other contributory causes of importance:

Name of operation Incision of abscess Date of Feb 7, 37
What test confirmed diagnosis? Clinical 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) [illegible], M. D.
(Address) 4500 Olive St.

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.