

OCT 14 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

33064

Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City **St. Louis** (d) Street No. **Jewish Hospital** Registered No. **9118**  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Mary Sale**

(a) Residence, No. **4950 Delmar Lindell** St. **12**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

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) **Aug. 12, 1923**  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**14 1 17**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**  
 9. Industry or business in which work was done, as 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) **St. Louis, Mo.**

13. NAME **Llewellyn Sale**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Baltimore Md.**

15. MAIDEN NAME **Elsie Seasongood**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

17. INFORMANT **L. Sale**  
 (ADDRESS) **4950 Lindell**

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **Valhalla Cre.** DATE **Sept. 30, 1937**

19. FUNERAL DIRECTOR **H. Rindorf**  
 (ADDRESS) **5216 Delmar Blvd.**

20. FILED **SEP 29 1937** 19 **J. F. Bredeck**  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9/29/1937**

22. I HEREBY CERTIFY, That I attended deceased from **9/2**, 19**37**, to **9/29**, 19**37**

I last saw him alive on **9/29**, 19**37**. Death is said to have occurred on the date stated above, at **10** a.m.  
 The principal cause of death and related causes of importance were as follows:

**Cerebrospinal Meningitis**  
**(Cause unknown)**  
**Non-Epidemic Non-IB**  
 Date of onset **1 mos.**

Other contributory causes of importance:  
**Congenital Malformation of Heart**  
**14 yrs**

Name of operation..... Date of.....  
 What test confirmed diagnosis? **Cerebral** Was there an autopsy? **Yes**

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) **Arthur E. Strawn** M. D.  
 (Address) **601 Humboldt**

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.

STATEMENT BY LICENSED EMBALMER

I, Herman Rindskopf, Licensed Embalmer No. 2207

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E. ....

No.....or by....., Registered Apprentice No.....  
working under my personal supervision.

Signed

Herman Rindskopf

Licensed Embalmer No. 2207

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**