

DEC 13 1937

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

39589  
Do not use this space.

1. PLACE OF DEATH  
(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1008**  
(c) City **St. Louis** (d) Street No. **5303 Lansdowne** Registered No. **10576**  
(e) Length of residence in city or town where death occurred **10** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Sarah A. Little**  
(a) Residence, No. **5303 Lansdowne Ave.** St. **14**  
(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) **Widowed**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Wife of Frank C. Little**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**About 27**  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**  
9. Industry or business in which work was done, as saw mill, bank, etc. **At Home**  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) **Evansville**  
(STATE OR COUNTRY) **Illinois**

13. NAME **Grandison Williamson**

14. BIRTHPLACE (CITY OR TOWN) **Illinois**  
(STATE OR COUNTRY)

15. MAIDEN NAME **Hannah Hill**

16. BIRTHPLACE (CITY OR TOWN) **Illinois**  
(STATE OR COUNTRY)

17. INFORMANT **A. B. Brown**  
(ADDRESS) **5303 Lansdowne Ave**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Valhalla** DATE **Nov. 16 1937**

19. FUNERAL DIRECTOR **Allen H. McLaughlin**  
(ADDRESS) **2301 Lafayette**

20. FILED **NOV 15 1937** **J. Bredeck**  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 14, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 1936**, to **Nov. 14, 1937**, 19**37**.  
I last saw her alive on **Nov. 14, 1937**. Death is said to have occurred on the date stated above, at **2 PM** am.  
The principal cause of death and related causes of importance were as follows:

used following  
**chronic nephritis**  
Other contributory causes of importance  
**degenerative senility**  
**(hypertension)**  
**131**

Name of operation **none** Date of .....  
What test confirmed diagnosis? ..... 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 **Richard Bullard**, M. D.  
(Signed) **Richard Bullard**, M. D.  
(Address) **3829 Westminister Pl.**

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.

277

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STATEMENT BY LICENSED EMBALMER

I, L.R. Cooper

Licensed Embalmer No. 3633

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_

working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed L.R. Cooper

Licensed Embalmer No. 3633

**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.)**