FEB 12 1938

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

Do not use this space. 902

791 1003 758

1. PLACE OF DEATH Peoples Hospital
   (a) County ..... Registration District No. .....
   (b) Township ..... Primary Registration District No. ..... Registered No. .....
   (c) City St Louis (d) Street No. ..... St.
   (If death occurred in Hospital or Institution, write its name instead of street and number)
   (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 Sarah V. Rose 200
   (a) Residence, No. 914 No. Leonard Ave St. 21
   (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: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Rose

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15th 1875

7. AGE: YEARS 62 | MONTHS 6 | DAYS 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. .....
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) Louisiana Mo 0

FATHER
13. NAME Burrell Wilson 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Mo 0

MOTHER
15. MAIDEN NAME Elizebath Travis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Mo

17. INFORMANT Charles Rose
(ADDRESS) 914 No. Leonard Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Jan 22 1938

19. FUNERAL DIRECTOR Jas. H. Randle & Son
(ADDRESS) 3133 Bell Ave

20. FILED JAN 22 1938 19 J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-18 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/13 1937, to 1/18 1938
I last saw her alive on 1/18 1938. Death is said to have occurred on the date stated above, at 4:20 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Ruptured Aneurysm Descending aorta

Other contributory causes of importance:

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

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) [signature], M. D.
(Address) 8550 N Jefferson

(Licensed Embalmer's Statement on Reverse Side)

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, Arthur L. Heilliard, Licensed Embalmer No. 3389

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 Arthur L. Heilliard

Licensed Embalmer No. 3389

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.)