

N - 9 1939

RECEIVED FEB 7 1939

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

3784
Do not use this space.

1. PLACE OF DEATH
 (a) County W. Va. Registration District No. 784
 (b) Township _____ Primary Registration District No. 101 Registered No. 45
 (c) City Clayton, Mo. (d) Street No. 6447 Clayton Road. 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 Jane La Brier.
 (a) Residence, No. 6447 Clayton Road. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Peter La Brier.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 8, 1864.

7. AGE YEARS 75 MONTHS 0 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as 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) Illinois. (STATE OR COUNTRY)

13. NAME William Caudle.
 14. BIRTHPLACE (CITY OR TOWN) Illinois. (STATE OR COUNTRY)

15. MAIDEN NAME Maria Ritchie.
 16. BIRTHPLACE (CITY OR TOWN) Illinois. (STATE OR COUNTRY)

17. INFORMANT Mr. Peter La Brier. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE Jan. 10, 1939.

19. FUNERAL DIRECTOR (NAME) Arthur J. Donnelly. (ADDRESS) 3840 Lindell Blvd.

20. FILED JAN - 9 1939 W. A. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 8, 1939.

22. I HEREBY CERTIFY, That I attended deceased from Several months ago to 1-8- 1939
 I last saw her alive on 1-7- 1939. Death is said to have occurred on the date stated above, at 12:45 A.M.
 The principal cause of death and related causes of importance were as follows:
Coronary thrombosis Date of onset 1-7-39
Chronic myocarditis ?
 Other contributory causes of importance:
Chronic myocarditis ?

Name of operation _____ 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? NO.
 If so, specify _____ (Signed) W. E. Sauer, M. D.
 (Address) 3720 WASHINGTON AVE.
ST. LOUIS, MO.

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.

96
2
2

3720 Main

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Stanley Marchlewski

Licensed Embalmer No.

2868

P. O. Address

3840 Lindell

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.)

If this body is not embalmed, above space should be left blank.