

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.

 DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

 MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

 State File No. **34699**

 Registration District No. **791** Primary Registration District No. **1003** Registrar's No. **9237**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**
 (b) City or town **St. Louis, Missouri**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **City Hospital, #1**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **18 Days**
 (Specify whether _____)

In this community _____
 years, months or days

 3. (a) PRINT FULL NAME **Sarah Dumont 553**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female	5. Color of race White	6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Dennis Dumont	6. (c) Age of husband or wife if alive _____ years	
7. Birth date of deceased January 29 1877	(Month)	(Day) (Year)

8. AGE: Years 62	Months 8	Days 30	If less than one day hr. _____ min.
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 9. Birthplace **St. Louis Missouri**
 (City, town, or county) (State or foreign country)

 10. Usual occupation **Matron Isolation Hospital**

MOTHER FATHER	11. Industry or business Isolation Hospital
	12. Name Dennis Tracy
	18. Birthplace Ireland (State or foreign country)
	14. Maiden name Johanna Kelly (State or foreign country)
	15. Birthplace Ireland (City, town, or county) (State or foreign country)

 16. (a) Informant's own signature **Hellie Brady**

 (b) Address **3701 Evans Ave**

 17. (a) **Burial** (b) Date thereof **10-30-39**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Calvary Cemetery**

 18. (a) Signature of funeral director **Cullinane Bros.**

 (b) Address **1710 N. Grand Blvd.**

 19. (a) **OCT 28 1939** (b) **J. F. Biedek**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
 (c) City or town **St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **3701 Evans Ave.**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

 20. DATE OF DEATH: Month **October** day **27**,
 year **1939** hour **2:00** minute **A.** M.

 21. I hereby certify that I attended the deceased from **October 10, 1939** to **October 27, 1939**
 that I last saw her alive on **October 27, 1939**
 and that death occurred on the date and hour stated above.

 Immediate cause of death **Pyelonephritis**

Due to _____

Due to _____

 Other conditions **Diabetes mellitus**
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

 23. Signature **Geo. W. Pike** (M. D. or other) _____
 Address **1515 Lafayette,** **10/27/39**
 Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Fred Frick*

Licensed Embalmer No. *3186*

P. O. Address *St. Louis, Mo*

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.