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DEPARTMENT OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS  
FILED JAN 12 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11973  
Registrar's No. 000

Registration District No. 318

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
2545 Benton St. /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000  
17  
920

(a) State Missouri (b) County.....  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2545 Benton St.  
(If rural, give location)  
 (e) Citizen of foreign country?.....  
 If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Sarah W. Little  
 3. (b) If veteran, name war none  
 3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30th.  
 year 1943 hour 1:30 AM/minute 43 M.  
 21. I hereby certify that I attended the deceased from Dec 24-43  
 to Dec 30, 1943  
 that I last saw her alive on Dec 29, 1943  
 and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife late Robert C. Little  
 6. (c) Age of husband or wife if alive 1857 years  
 7. Birth date of deceased May 26 1857  
(Month) (Day) (Year)

Immediate cause of death  
Right side hemiplegia  
Cerebral hemorrhage  
Senility and  
hypertension

Other conditions (Include pregnancy within 3 months of death)  
SB

Major findings:  
 Of operations.....  
 Of autopsy.....

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day  
86 7 4 hr. min.

9. Birthplace Longtown, Perry County, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

MOTHER FATHER {  
 11. Industry or business.....  
 12. Name Drury Abernathy  
 13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Columbia Burns  
 15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Brown Little  
 (b) Address 5076 Cates Ave.

17. (a) Burial (b) Date thereof 1-3-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.  
 (b) Address 2223 St. Louis Ave.

19. (a) DEC 31 1943 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

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?  
(Specify type of place)  
 While at work?..... Means of injury.....  
 23. Signature E. H. Killek (M. D. or other)  
 Address 3121 Highland Date signed 12/31/43

On 11/20/31 3:31 P.M. Grand.  
10-12. A.M.

**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 John T. Buchholz  
Licensed Embalmer No. 10740  
P. O. Address 2223 S. Green St. E

**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, fact should be so stated above.**