No. 2
-13-40
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40213

Registration District No. RUD JAN 15 1941 791

Primary Registration District No. 1003

Registrar's No. 9984

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

1. PLACE OF DEATH:

(a) County 2

(b) City or town ST LOUIS MO (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5117 KENSINGTON AVE (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County

(c) City or town ST LOUIS 12 (If outside city or town limits, write "RURAL")

(d) Street No. 5117 KENSINGTON AVE (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME CHARLES AUGOSTINO SARLI

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWER

6. (b) Name of husband or wife TILLIE SARLI

6. (c) Age of husband or wife if alive years

7. Birth date of deceased DEC. (Month) 23. (Day) 1874 (Year)

8. AGE: Years 65. Months 11 Days 9. If less than one day hr. min.

9. Birthplace ITALY (City, town, or county) (State or foreign country) 7

10. Usual occupation MUSICIAN 7

11. Industry or business

FATHER
12. Name JOSEPH SARLI 7
13. Birthplace ITALY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace ITALY (City, town, or county) (State or foreign country)

16. (a) Informant Alphonsus C. Sarli

(b) Address 5117 KENSINGTON AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-6-1940 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director L. M. Mullen

(b) Address 5165 DELMAR BLVD

19. (a) DEC 5 1940 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2 and year 1940 hour 2 minute 40 P.M.

21. I hereby certify that I attended the deceased from May 18th, 1940, to Dec 2 and, 1940; that I last saw him alive on Oct 1st, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions Arterio Sclerosis (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: Unable to say

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

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? (e) Means of injury 1

23. Signature Peter A Eck M.D. (M. D. or other)

Address 4701 St Louis Ave Date signed 12/3/40

(Licensed Embalmer's Statement on Reverse Side)

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 Howard F. Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.