No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25049

FILED JUL 31 1948

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1742

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 6417 Curtis Avenue
(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 Missouri (b) County St. Louis 96

(c) City or town Wellston
(If outside city or town limits, write "RURAL") 0

(d) Street No. 6417 Curtis Avenue 0
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME WALTER A SARRELLS

3. (b) If veteran, name war None

3. (c) Social Security No. 493-03-7267

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Josephine Sarrells

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased December 25, 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	59	6	12	..... hr. ..... min.

9. Birthplace Sullivan (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Wagner Electric Co.

11. Industry or business Retired 5 years

FATHER
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown 9
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Josephine Sarrells
(b) Address 6417 Curtis Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Shepard Funeral Home
(b) Address 1167 Hamilton Avenue

19. (a) 7-9-48 (Date received local registrar) (b) Carl A. Sharp MD (Registrar's signature) MSC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7, 1948
year ..... hour 11:25 minute P M.

21. I hereby certify that I attended the deceased from July 6, 1943, to 7-7-48; that I last saw him alive on 7-7-48 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	1 da
Due to Arteriosclerosis	10 yrs
Due to Hypertension nephritis	15 yrs
Other conditions (Include pregnancy within 3 months of death) 131	

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

PHYSICIAN

Underline the cause of 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) 0

While at work? ..... (e) Means of injury .....

23. Signature Geo H Kimberfuss (M. D. or other) MD

Address 7-8-48 3 40 Bingham Ave Date signed .....

Jefferson City Printing Co. (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.....

Licensed Embalmer No. 2645

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, fact should be so stated above.