

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34680**
 FILED OCT 2 - 1953
 BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2946

1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. JOHNS		c. LENGTH OF STAY (In this place) 8 days		c. CITY OR TOWN CLAYTON		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION 8615 HUME AVE. LCC				e. STREET ADDRESS (If rural, give location) 7542 BYRON PLACE							
3. NAME OF DECEASED (Type or Print) a. (First) ALICE			b. (Middle) ABIGAIL		c. (Last) SARLLS.		4. DATE OF DEATH (Month) (Day) (Year) Sept. 14, 1953				
5. SEX Female		6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 1, 1862		9. AGE (In years last birthday) 91 if UNDER 1 YEAR: Months _____ Days _____ if UNDER 4 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home			10b. KIND OF BUSINESS OR INDUSTRY housewife		11. BIRTHPLACE (City and State or Foreign Country) Greenville, Illinois			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME William Sprague			13b. MOTHER'S MAIDEN NAME Frances Thornton			14. NAME OF HUSBAND OR WIFE Rutus Sarlls					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Houston J. Osborne, 7542 Byron Place						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH 5 yrs. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis 10 yrs. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>August 1, 1953</u> , to <u>Sept. 14, 1953</u> , that I last saw the deceased alive on <u>Sept 14, 1953</u> , and that death occurred at <u>7:30P</u> m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) David Hale Kerr, M.D.				23b. ADDRESS 4500 Olive St.				23c. DATE SIGNED 9/15/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 9-16-53		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery			24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri				
DATE REC'D BY LOCAL REG. 9/15/53		REGISTRAR'S SIGNATURE Herbert B. Amonke, M.D.				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & SONS, 7233 Delmar Blvd.					

(Licensed Embalmer's Statement on Reverse Side)

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

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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Clarence H. Murray*.....

Licensed Embalmer No. *4011*.....

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

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.