

Health,
& Welfare
Public
Service

FILED OCT 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38098

STATE FILE NUMBER

9761

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Incarinate Word Hospital		Length of stay in lb	d. STREET ADDRESS 6034 Elizabeth		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Euphemia Middle Jannet Last Sartain			4. DATE OF DEATH Oct. 16, 1957 Month Day Year		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 4, 1909	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Riverton, Illinois.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Steele		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Harold L. Sartain	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (Type, give war or dates of service) No Nil.		16. SOCIAL SECURITY NO. 499-26-7726		17. INFORMANT Address Harold L. Sartain, 6034 Elizabeth	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Ca. Spine					
DUE TO (c) Ca Breast. 170x					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 9-25-57 to 10-16-57 last saw her alive on 10-16-57 Death occurred at 10:25 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE PB Cappel me (Degree or title)			22b. ADDRESS 3284 Vonhale Ave		22c. DATE SIGNED 10-18-57
23a. BURIAL; CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-17-57	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		23d. LOCATION (City, town, or county) (State) Sangamon County, Illinois.
24. FUNERAL DIRECTOR Stabb Funeral Home, Springfield, Ill.			25. DATE RECD. BY LOCAL REG. OCT 18 '57	26. REGISTRAR'S SIGNATURE J. Cash Smith MO	

(Licensed Embelmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
primary breast

Missouri

X

St. Louis

St. Louis

6031 Elizabeth

Incorporate West Hospital

Cvt. Jc. 1907

Sarcastin

James

Euphemia

April 11, 1907

X

Female White

U.S.A. Riverton, Illinois.

At Home

Homewife

Harold I. Sarcastin

Unknown

John Steele

Harold I. Sarcastin, 6031 Elizabeth

No. 111

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 *No Embalmer*

Licensed Embalmer No. *111*

P. O. Address *111*

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.

Steph Funeral Home, Springfield, Ill.