MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 41362
Registered No. 12040

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis (No. City Hospital Sarchet St. ..... Ward)

2. FULL NAME William H. ~~Sarchet Sarchett~~

(a) Residence. No. 1109 S. 6th St., 22 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M.	W.	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Molly Sarchet

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 17-1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	63	0	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer Common
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Laclede Gas Co.

9. BIRTHPLACE (CITY OR TOWN) Hillsboro
(STATE OR COUNTRY) Ill

PARENTS

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Jane Case
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown

14. INFORMANT Dan L. Buss
(Address) Hillsboro Ill

15. FILED 26 1930 Max C. Starkey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 24 1930

17. I HEREBY CERTIFY, That I attended deceased from 11-15, 1930, to 12-24, 1930 that I last saw him alive on 12-24, 1930, and that death occurred, on the date stated above, at 11:55 A.M. p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Jaw

HSD

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 43

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
(Signed) Carl H. Hotz M.D.
12/24, 1930 (Address) City Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Hillsboro Ill	12/26 1930
20. UNDERTAKER	**ADDRESS**
Dan. L. Buss	Hillsboro Ill

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.