

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

363  
363Registration District No. 791

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: MISSOURI PLACED FEB 17 1940

(a) County \_\_\_\_\_

(b) City or town St. Louis

(c) Name of hospital or institution: Lutheran Hospital  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 1 hr  
48 yrs (Specify whether years, months or days)

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Sarah Ella Chard 6303. (b) If veteran, name war No 3. (c) Social Security No. None4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W6. (b) Name of husband or wife Rice C. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased May 28, 1856  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
83 7 12 \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Russellville, Ark.  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business 1  
12. Name Geo, W. Maddux13. Birthplace Unknown  
(City, town, or county) (State or foreign country)14. Maiden name Mary Markey  
(City, town, or county) (State or foreign country)15. Birthplace No. Caroline  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mary Chard  
(b) Address 7413 Commonwealth Ave17. (a) Burial (b) Date thereof 1/13/40  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Oak Grove Cem18. (a) Signature of funeral director D. N. McKershin  
(b) Address 2301 Lafayette Ave.19. (a) 1-13-40 (b) J. B. [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 7413 Commonwealth Ave  
(If rural, give location)

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

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10 year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ P. \_\_\_\_\_ M.21. I hereby certify that I attended the deceased from Apr 10th 1934, 19 \_\_\_\_\_, to Jan 10th 1940, 19 \_\_\_\_\_, that I last saw her alive on Jan 10th, 19 \_\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death

apoplexy 3 hrs

arterio-sclerosis 5 yrs

Due to Chc. Arterio-sclerosis Deformans 10 yrs

Chc. Interstitial

Due to rephritis 3 yrs

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None

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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury

23. Signature A. J. Steen MD (M. D. or other) Address 3606 Kearney Date signed 1/12/40

**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, ~~me~~.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Paul A. Keith*

Licensed Embalmer No. *3612*

P. O. Address *2317 Lafayette*

**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, above space should be left blank.**