

FILED JAN 15 1943

Primary Registration District No. **200**

Registrar's No. **2736**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **(Rural) Meramec Township**
(c) Name of hospital or institution: **None Strecker & Valley Roads**
(d) Length of stay: In hospital or institution **None**
In this community **40 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Rural**
(d) Street No. **Strecker & Valley Roads**
(e) Citizen of foreign country? **No.**

3. (a) PRINT FULL NAME **James William Sahrington**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **2 divorced, widower**
6. (b) Name of husband or wife **Elizabeth Schaeq Sahrington** 6. (c) Age of husband or wife if living **1863** years
7. Birth date of deceased **April 9 1863**

8. AGE: Years **79** Months **8** Days **14** If less than one day hr. min.

9. Birthplace **St. Louis Co. Missouri**

10. Usual occupation **Retired farmer**

11. Industry or business **Own farm**

MOTHER FATHER
12. Name **Unknown**
13. Birthplace **Unknown**
14. Maiden name **Catherton**
15. Birthplace **Unknown**

16. (a) Informant **Clarence Sahrington**

(b) Address **Glencoe, Mo. R. #1.**

17. (a) **Burial** (b) Date thereof **12/24/42.**

(c) Place: burial or cremation **Cumbe Cem. Cumbe, Mo.**

18. (a) Signature of funeral director **Schrader Fun. Home**

(b) Address **Balwin, Mo.**

19. (a) **DEC 24 1942** (b) **S. McCarson**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **22** year **1942** hour **2** minute **55:00** M.

21. I hereby certify that I attended the deceased from **Dec 2**, 19**42** to **Dec 22**, 19**42** and that death occurred on the date and hour stated above.
Immediate cause of death **Cerebral Hemorrhage** Duration

Due to
Due to
Other conditions
Major findings:
Of operations
Of autopsy

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?
(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 **R B Denny** (M. D. or other)
Address **Levee to view mo** Date signed **12-22-42**

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

96
0
0

W. Denny

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.....

Theo. Schrader

Licensed Embalmer No.

3066

P. O. Address.....

Dallwin, 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.