V. S. No. 2
100M—8-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 23 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32779

Registration District No. 818

Primary Registration District No. L1003

Registrar's No. 8608

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lutheran Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 17

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

(d) Street No. 4110 Hartford St 16
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Peter Sarvies

3. (b) If veteran, name war No

3. (c) Social Security No. 489 05 0990

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Stella

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased July (Month) 28 (Day) 1873 (Year)

8. AGE: Years 71 Months 2 Days 12 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Maintenance Man

11. Industry or business Medart Ele Co

FATHER
12. Name Peter Sarvies
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Stella Peters
(b) Address 4110 Hartford

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 10 (Month) 13 (Day) 44 (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director KRIEGSHAUSER
(b) Address 4228 So. Kingshighway

19. (a) OCT 10 (Date received local registrar) (b) 1944 J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10
year 1944 hour 4.30 AM minute M.

21. I hereby certify that I attended the deceased from May 8 —, 1944, to Oct. 10, 1944
that I last saw him alive on Oct 9, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiov Vascular Heart Disease Arteriv sclerosis

Due to Chr. Hypertension

Due to —

Other conditions — (Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy Cardiov Vascular Heart Disease Arteriv. Sclerosis - Contracted Kidney

Duration

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? no (Specify type of place)

While at work? — (e) Means of injury —

23. Signature A. F. Plag (M. D. or other) M.D.

Address 3150 Morganford Rd Date signed 10/10/44

(Licensed Embalmer's Statement on Reverse Side)

Dr Plag

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 Richard W. Storrsand

Licensed Embalmer No. 4007

P. O. Address .....

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.