V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUN 26 1946

State File No. 22161

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5293

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 1012 Hickory St.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 2217

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

(d) Street No. 1012 Hickory St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John George Sarr

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Schmooney Sarr

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased June 14 1885 (Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days 28 If less than one day hr. min.

9. Birthplace (City, town, or county) Syria (State or foreign country)

10. Usual occupation Retired Grocer

11. Industry or business Grocery Business

FATHER
12. Name George Sarr
13. Birthplace (City, town, or county) Syria (State or foreign country)

MOTHER
14. Maiden name Josephine Byza
15. Birthplace (City, town, or county) Syria (State or foreign country)

16. (a) Informant Schmooney Sarr
(b) Address 1012 Hickory St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15 46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Thos Lutes & Son
(b) Address 2906 Gravois

19. (a) JUN 14 1946 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1946 hour 6 minute 40 A.M.

21. I hereby certify that I attended the deceased from March 12, 1946 to June 12, 1946
that I last saw him alive on June 12, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gangrene of Both feet	4 Wks
Due to Diabetes	3 Months
Due to	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	?

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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. G. Moore (M.D. or other)
Address 912 1018 Date signed 6/14/46

(Licensed Embalmer's Statement on Reverse Side)

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 Myself, Registered Apprentice No. , working under my personal supervision.

Signed David Van Fossan.

Licensed Embalmer No. 4242

P. O. Address 2906v Gravois Ave

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.