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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22162

FILED JUN 26 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5450

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: 4182 Delmar Blvd.,
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 19

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

(d) Street No. 4182 Delmar Blvd.,
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME George W. Sartain

3. (b) If veteran, name war Unknown

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Laura Louise Sartain

6. (c) Age of husband or wife if alive 91 years

7. Birth date of deceased July (Month) 29 (Day) 1858 (Year)

8. AGE: Years 87 Months 10 Days ~~29~~ 18 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business Farming

MOTHER FATHER

12. Name Farrell Sartain

13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

14. Maiden name Virginia Hensley

15. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Cory R. Sartain

(b) Address 4182 Delmar Blvd.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/20/46 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.,

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17 year 1946 hour 8 minute 15P M.

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

Immediate cause of death Heart stroke — Duration 6hrs

Due to

Due to 6/12/46

Other conditions (Include pregnancy within 3 months of death)

Major findings of operations

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 Lyle R. Lane (M. D. or other) M D

Address 706 Walton Date signed 6/18/46

(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.....

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

working under my personal supervision.

Signed Elmo R. Padwell

Licensed Embalmer No. 4077

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.