. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

30296

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED SEP 30 1946

# STANDARD CERTIFICATE OF DEATH

State File No. 31465

Registration District No. 317 Primary Registration District No. 6026 Registrar's No. 1993

**1. PLACE OF DEATH:**

(a) County St. Louis County
(b) City or town Manchester, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Ozark Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 weeks (Specify whether
In this community Lifetime
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4130 Warne 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country No

3. (a) PRINT FULL NAME Henry T. Sarveis

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

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Emma L. Sarveis
6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased Sept. (Month) 9, (Day) 1882 (Year)

8. AGE: Years 64 Months 0 Days 14 If less than one day hr. min.

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

10. Usual occupation Keeper

11. Industry or business St. Louis Zoo

FATHER
12. Name Henry Sarveis 9
13. Birthplace Unknown (City, town, or county) Unknown 1 (State or foreign country)

MOTHER
14. Maiden name Rachel Riley 0
15. Birthplace Unknown (City, town, or county) Unknown 1 (State or foreign country)

16. (a) Informant Erna Sarveis
(b) Address 4130 Warne Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/25/46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon Cemetery

18. (a) Signature of funeral director Suedmeyer & Sons
(b) Address 3934 N. 20 Street

19. (a) 9-26-46 (Date received local registrar) (b) Ruth L. Allen MD (Registrar's signature) MSC

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. day 22
year 1946 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from August 24, 1946 to Sept 22, 1946
that I last saw him alive on Sept 22, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Sclerosis of liver

Due to 124b

Due to

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death) Arteriosclerosis

Major findings:
Of operations
Of autopsy

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature R. W. Jansen (M. D. of ~~[illegible]~~)
Address Manchester Mo Date signed 9/24/46

(Licensed Embalmer's Statement on Reverse Side)

OCT 9 1946

OCT 10 1946

## 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.....Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address.....St Louis

**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.**