

No. 2
-1/47
5-17-39

FILED DEC 31 1948

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Rural Meramec
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution None-Highway C
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
7 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Rural-Chesterfield, Mo. #11
(If outside city or town limits, write "RURAL")
(d) Street No. Highway C
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROY ORLANDO SARRINGTON

3. (b) If veteran none name war _____
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 Charlotte Sarrington
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased July 9, 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>5</u>	<u>5</u>hr.min.

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

10. Usual occupation Farm laborer

11. Industry or business Ganahl Dairy Co.

12. Name James W. Sarrington (1)

13. Birthplace St. Louis County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Schaefer

15. Birthplace St. Louis County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charlotte Sarrington

(b) Address Chesterfield, Mo. #11

17. (a) Rural (b) Date thereof 12/16/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cimba, Mo.

18. (a) Signature of funeral director Schrader Funeral Home
(b) Address Ballwin, Mo.

19. (a) 12/10/48 (b) Thuid Luyck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14
year 1948 hour 9 minute 50 A. M.

21. I hereby certify that I attended the deceased from 11-5-48, 19... to 12-19-48, 19...
that I last saw him alive on 12-14-48, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Cardio-vascular-renal disease

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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)

23. Signature M. D. O'Donoghue (M. D. or other) D.O.

Address Valley Park, Missouri Date signed _____

Duration
3 hours

PHYSICIAN
Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

MAR 21 1949

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

Geo. Schrader

Licensed Embalmer No.

3066

P. O. Address

Ballwin, 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.