

FILED NOV 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File **33197**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 364

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

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis City</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>	c. LENGTH OF STAY (in this place) <u>8-20-49</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp. # 1</u>		d. STREET ADDRESS (If rural, give location) <u>D.K.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>	b. (Middle)	c. (Last) <u>Sarter</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10 25 49</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>8-13-1890</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>12</u>	IF UNDER 2 HRS. Hours <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>news reader</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Charles Sarter</u>	13b. MOTHER'S MAIDEN NAME <u>Barbara Weiss</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>D.K.</u>	16. SOCIAL SECURITY NO. <u>D.K.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Barbara Parkins of 6040 Benton St. Louis</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic mitral Valve Stenosis with acute cardiac decompensation</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary and renal infarction</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized arteriosclerosis</u>		110X	

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 8-20, 1949, to 10-25, 1949, that I last saw the deceased alive on 10-24, 1949, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. S. Tate</u>	23b. ADDRESS <u>State Hosp. # 1 - Fulton Mo.</u>	23c. DATE SIGNED <u>10-27-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 28, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>State Hosp Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fulton Mo. Callaway Co</u>
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DATE REC'D BY LOCAL REG. <u>Oct 28 1949</u>	REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Champ Weeks - Fulton Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

District File Number.....  
District Health Officer No. 9;  
RECEIVED OCT 29 1949

NOV 4 1949

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

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.