

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 17 1950

State File No. 14075

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5946 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>South Meramec Road</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>South Meramec Road</u>	
c. LENGTH OF STAY (In this place) <u>42 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>St. James, Missouri</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>None</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Emile</u> b. (Middle) <u>(None)</u> c. (Last) <u>Saroch</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 16 - 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>12-4-1879</u>		9. AGE (In years last birthday) <u>75</u>		10. IF UNDER 1 YEAR Days <u>3</u> IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>proque, Czechoslovakia</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Jahn Saroch</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Martha Saroch</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Martha Saroch, St. James, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Block</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death. <u>Clotting of Right Leg 25 yr duration</u></u>			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) <u>Coronary Heart Lesion</u>			
		DUE TO (c) <u>Pulmonary Congestion Long Standing</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Nil</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Nil</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Nil</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. James, Phelps, Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) <u>Nil</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4201</u>	

22. I hereby certify that I attended the deceased from Dec 1948, to 3/16 - 1950, that I last saw the deceased alive on 3/16 - 1950, and that death occurred at 9:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. E. Sedberry</u>		23b. ADDRESS <u>St. James, Phelps, Mo</u>		23c. DATE SIGNED <u>3/18/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-18-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mason's Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. James, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>4-8-1950</u>		REGISTRAR'S SIGNATURE <u>Cora E. Birmingham</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>O. E. Fichler, St. James, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Phelps County Health Officer,

County File Number \_\_\_\_\_

Date Filed 4-10-50

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 \_\_\_\_\_

me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

\_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Signed Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address St. James, 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.