

S. No. 300  
LV. No. 48

FILED JAN 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43842

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 3148

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>		c. LENGTH OF STAY (in this place) OR TOWN <u>15 months 19</u> <u>Kirkwood</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>211 N. Taylor Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>211 N. Taylor Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>B.</u> c. (Last) <u>Sardy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 26, 1950</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>widowed</u>	8. DATE OF BIRTH <u>Sept. 6, 1872</u>	9. AGE (In years less birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 12 HRS. Days <u>20</u>	IF UNDER 1 MIN. Hours <u>20</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Investment broker</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Owego, New York</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Arthur L. Sardy</u>	13b. MOTHER'S MAIDEN NAME <u>Helen Winston</u>	14. NAME OF HUSBAND OR WIFE <u>Della Sardy</u>
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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>no</u>	16. SOCIAL SECURITY NO. <u>336-09-5521</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James D. Rutter</u>	ADDRESS <u>Kirkwood, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>  <u>5 years</u>  <u>3 mos.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Emphysema</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4221</u>	20. AUTOPSY? YES <input 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) (m.)	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 Sept. 19, 49, to Dec. 1950, that I last saw the deceased alive on Dec. 24, 1950, and that death occurred at 7:50 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>John C. Hyatt, M.D.</u>	(Degree or title)	23b. ADDRESS <u>124 E. Adams</u>	23c. DATE SIGNED <u>12-27-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12/27/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Home Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Forest Park, Ill.</u>
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DATE REC'D BY LOCAL REG. <u>12-27-50</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Danke, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Meyer-Pfitzinger</u>	ADDRESS <u>Kirkwood, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

4003

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Dr. W. W. Hyatt

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

*William H. Steinger*

Signed.....

Student Embalmer

Licensed Embalmer No. *4316*

P. O. Address

*Kittanning, 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.