

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

10640

State File No. _____

No. 300
10-48

FILED MAR 23 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 545 Registrar's No. 645

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>	
d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood</u>		c. CITY OR TOWN <u>Richmond Heights</u>	
c. LENGTH OF STAY (in this place) <u>5 1/2 mos</u>		d. In institutions within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Maplewood Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>7702 Harter Avenue.</u>	

3. NAME OF DECEASED (Type or Print) <u>Anna Louise Sarrar</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>March 13 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug 24 1869</u>	9. AGE (In years last birthday) <u>84</u>	# OUNCE # TEASPOON # TABLESPOON # CUP # PINT # QUART # GALLON	# OUNCE IN RES. # TEASPOON # TABLESPOON # CUP # PINT # QUART # GALLON
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Odin, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Thomas J. Whitehead</u>	13b. MOTHER'S MAIDEN NAME <u>Elmira Skinner</u>	14. NAME OF HUSBAND OR WIFE <u>George Washington Sarrar</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>Nil</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Anna Smith, 7702 Harter Avenue.</u>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis, chronic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, general</u> <u>10 yrs</u> DUE TO (c) <u>Cerebral Hemorrhage</u> <u>1 yr</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4221</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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?

22. I hereby certify that I attended the deceased from Jan 1953 to Mar 13, 1954, that I last saw the deceased alive on Mar 13, 1954, and that death occurred at 10:25 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Albert H. Hoppe M.D.</u>	(Degree or title)	23b. ADDRESS <u>508 1/2 Grand</u>	23c. DATE SIGNED <u>3-13-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3-13-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Trouton, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3/13/54</u>	REGISTRAR'S SIGNATURE <u>Hechook R. Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>	ADDRESS <u>4700 Washington Blvd</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *G. W. Wilkinson*

Licensed Embalmer No. *35*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**