V.S. No. 300
Rev. 10-48

FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 46297

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 12104

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

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo.
c. LENGTH OF STAY (in this place): 32 Days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 24 St. Louis Children's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Sangamon
c. CITY OR TOWN: Springfield
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 32 1805 South 9th St.

3. NAME OF DECEASED (Type or Print)
a. (First) Jan Alan
b. (Middle) Scharf
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): 12-13-57

5. SEX: Male
6. COLOR OR RACE: white
7. ~~MARRIED~~, NEVER MARRIED, ~~WIDOWED, DIVORCED~~ (Specify)
8. DATE OF BIRTH: 6-8-49
9. AGE (In years last birthday): 8 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and State or Foreign Country): Springfield, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Charles Roy Scharf
13b. MOTHER'S MAIDEN NAME: Gwendolyn Gathard
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: June Mansfield 500 S. Kingshighway

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congenital Heart Disease
DUE TO (c) Pulmonary Valvar Stenosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Post op. Pulmonary Valvotomy

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 9.12.57
19b. MAJOR FINDINGS OF OPERATION: Pulmonary Valvar Stenosis 754.4
20. AUTOPSY? YES [X] NO [ ]

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-11-57, 19__, *to* 12-13, 1957, *that I last saw the deceased alive on* 12-13, 1957, *and that death occurred at* 1:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Don L. Thurston [signature]
23b. ADDRESS: 500 S. Kingshighway
23c. DATE SIGNED: 12-18-57

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: DEC. 16 1957
24c. NAME OF CEMETERY OR CREMATORY: LOCAL
24d. LOCATION (City, town, or county) (State): SPRINGFIELD, ILLINOIS

DATE REC'D BY LOCAL REG.: DEC 17 '57
REGISTRAR'S SIGNATURE: Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Vincent E. Staab 1109 So 5th St. SPRFLD, ILLINOIS

MJB

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme by me, or by Not Embalmed, Student Embalmer No. ..... working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed Vincent E. Staab

Licensed Embalmer No. 8668

P. O. Address 1109 So 5th St Springfield Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.