

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-016026**

AMENDED **FILED APR 17 1961** Registration District No. 317 Primary Registration District No. 500 Registrar's No. 958 STATE FILE NUMBER

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, give TOWNSHIP only) OR TOWN <u>Creve Coeur</u>		c. CITY OR TOWN <u>Creve Coeur</u>	
Length of stay in 1b <u>YRS.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>903 WOODSHIRE LA. residence</u>		d. STREET ADDRESS (if outside, give location) <u>903 Woodshire Lane</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>KARL</u> Middle <u>J.</u> Last <u>SARLES</u>			4. DATE OF DEATH Month <u>April</u> Day <u>5</u> Year <u>1961</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>July 4, 1881</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Geo. Barnard Co.</u>	11. BIRTHPLACE (City and state or country) <u>Louisville, Kentucky</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John Sarles</u>		13b. MOTHER'S MAIDEN NAME <u>Mathilda Rosen</u>		14. NAME OF HUSBAND OR WIFE <u>Mamie Sarles</u>	
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.		17. INFORMANT <u>Mamie Sarles, 903 Woodshire Lane</u>	
Address					

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Cerebral Arteriosclerosis</u>			
DUE TO (b) <u>Coronary Atherosclerosis</u>			
DUE TO (c) <u>General Arteriosclerosis</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I.			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. - p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>6 PM 1937</u> to <u>death</u> and last saw him alive on <u>Nov 1960</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>W H Orlsted M.D.</u>		22b. ADDRESS <u>3720 Washington Blvd</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Mausoleum</u>		22d. DATE SIGNED <u>7/2/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>entombment</u>	23b. DATE <u>4-7-1961</u>	23c. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>	
24. FUNERAL DIRECTOR <u>C. R. Lupton &amp; Sons-7233 Delmar</u>		25. DATE RECD. BY LOCAL REG. <u>4-8-61</u>	
ADDRESS		26. REGISTRAR'S SIGNATURE <u>John B. Murphy M.D.</u>	

DATE AWARDED

INSIDE OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

**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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.