

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

28844

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis Mo (No. 1014, Burnett)

File No.....
 Registered No. **8398**
 St. Ward)

2. FULL NAME

Robert E Saddle Jr
 (a) Residence. No. 1014 Burnett St., 238 Ward.

(Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 18 - 27

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer) none
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Robert E Saddle

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Virginia
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Bubera

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis Mo
 (STATE OR COUNTRY)

14. INFORMANT Robert E Saddle
 (Address) 1014 Burnett

15. FILED SEP 21 1927 Mary C Farley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 20 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 10 1927 to Sept 20 1927 that I last saw him alive on Sept 20 1927, and that death occurred, on the date stated above, at 745 P.M.

THE CAUSE OF DEATH:* WAS AS FOLLOWS:

119B Enteritis

CONTRIBUTORY (SECONDARY) 113B

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

20. WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Robert L. Weber M. D.

(Address) 1837 59th St

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Picker DATE OF BURIAL Sept 22 1927

20. UNDERTAKER Wm. C. Mayall ADDRESS 1926 Allen

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

