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.

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

Do not use this space.

File No. 4187
Registered No. 1231

1. PLACE OF DEATH

County .....
Registration District No. FEB 8 1937 731
Township .....
Primary Registration District No. 1003 1
City St. Louis, (No. Barnes Hosp. ..... St. ..... Ward)

2. FULL NAME John Saddler

(a) Residence, No. ---------- St., nR Ward. Rockwood, Illinois
(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? 66 yrs. 8 mos. 24 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2 1870

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
66	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer /

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wheat Farmer

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 45y

12. BIRTHPLACE (CITY OR TOWN) Menfro /
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Richard Saddler

14. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown 31
(STATE OR COUNTRY) Unknown

17. INFORMANT John R Saddler
(ADDRESS) Rockwood, Ill.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ebenezer DATE Jan. 28 19 37

19. UNDERTAKER Arnold C. Schroeder
(ADDRESS) Chester, Ill.

20. FILED JAN 27 1937 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/26 , 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-26, 1937, to 1-26, 1937

I last saw him alive on 1-26, 1937. Death is said to have occurred on the date stated above, at 7 55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation	

59

Other contributory causes of importance:
Diabetes mellitus
Gangrene of left leg

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) F R Bradley, M. D.
(Address) BARNES HOSPITAL