

REC'D APR 11 1938

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

8588
Do not use this space.

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(d) Street No. City Hospital No. 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

Registered No. 2171

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

C. 17405

2. PRINT FULL NAME

Robert Sadler 346

(a) Residence, No. 1811 Wash St. 21 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 9 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. nil
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IllinoisFATHER 13. NAME Robert Sadler14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TennesseeMOTHER 15. MAIDEN NAME Fannie Ruefner16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois17. INFORMANT Hosp. Info M. Kent (ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE Paragould Ark. DATE 3-5, 193819. FUNERAL DIRECTOR Albert H Hoppe (ADDRESS) 429 N. Euclid Ave.20. FILED MAR 3 1938 J. S. Bredek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/2/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 2/27/38 to 3/2/38, 1938
I last saw him 3/2/38 at 3.50 p Death is said to have occurred on the date stated above, at

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

Lobar pneumonia Date of onset

Other contributory causes of importance:
Malnutrition, improper diet
Senility

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) Dr. Maxwell, M. D.
(Address) City Hospital No. 1

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Guy W. Wilburn

Licensed Embalmer No. *2575*

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.)