

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**

REC'D JUN 9 1938

16699

Do not use this space.

**1. PLACE OF DEATH**

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1003**  
 (c) City St. Louis Mo (d) Street No. BARNES HOSPITAL St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (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.

Registered No. **4560**

**2. PRINT FULL NAME**

FRANCES LOUISA SADDLER 346  
 (a) Residence, No. 4150 ENRIGHT St. **19**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
72 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 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) Mississippi

FATHER 13. NAME Sandy Mason

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

MOTHER 15. MAIDEN NAME Jane Johnson

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

17. INFORMANT Ruby Scott  
 (ADDRESS) 4150 Enright Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Tulsa Okla. DATE May 18, 1938

19. FUNERAL DIRECTOR (NAME) Russell Undt. Co.  
 (ADDRESS) 1547 27<sup>th</sup> Street

20. FILED MAY 18 1938 J. D. Bredeck  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-13, 1938, to 5-17, 1938

I last saw her alive on 5-17, 1938. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Broncho pneumonia Date of onset

Other contributory causes of importance:  
Bronchial Asthma

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 Ray D. Williams  
 (Signed)..... M. D.  
 (Address) BARNES HOSPITAL

**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, .....

Joel Russell .....

or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Joel Russell

Licensed Embalmer No.....

2115

P. O. Address.....

2732 Pine

**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 this body is not embalmed, above space should be left blank.**