

Registration District No. 791

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G Phillips 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 days
(Specify whether years, months or days)
In this community 14 years

3. (a) PRINT FULL NAME Classie Sadler 346

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Hum Saddler 6. (c) Age of husband or wife if alive No years

7. Birth date of deceased JAN 18 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 0 If less than one day hr. min.

9. Birthplace Unknown LA 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business None

12. Name Unknown Reader

13. Birthplace Unknown LA 1
(City, town, or county) (State or foreign country)

14. Maiden name Rosa Unknown

15. Birthplace Unknown LA 1
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Georgia Clark

(b) Address 2826 Stoddard

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-21-40
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Mary Wade
(b) Address 4322 Finney

19. (a) JUL 19 1940 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 2009 a Wash Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1940 hour 1:20 minute _____ P. M.

21. I hereby certify that I attended the deceased from June 28, 1940, to July 18, 1940, that I last saw her alive on July 18, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Accident, Rt Hemiplegia Duration 6 mos

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)
(a) Means of injury _____
23. Signature William Session (M. D. or other)
Address 2601 N Whittier Date signed _____

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.

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.....

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

Signed *V. J. Watson*
Licensed Embalmer No. *2694*
P. O. Address *2769 Cherokee*

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.