

No. 2
4-13-40
5-17-39
-PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16439
3957
Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 days
In this community 18 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Anderson James Sadler
A. J. Sadler
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex M 2. Color or race Col
5. Color or race _____
6. (a) Single, widowed, married, divorced Separated
6. (b) Name of husband or wife Patsy Sadler
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased unknown 1878
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day
about 62 hr. _____ min.

9. Birthplace _____ / La
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name James Sadler

13. Birthplace _____ / La
(City, town, or county) (State or foreign country)

14. Maiden name Rachel

15. Birthplace _____ / LA
(City, town, or county) (State or foreign country)

16. (a) Informant Essie J Sadler

(b) Address 2612 Lawton Blvd

17. (a) Burial (b) Date thereof May 10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J W Tugher

(b) Address 2620 Lawton

19. (a) MAY 10 1941 (b) J T Bruback
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1117
(If outside city or town limits, write "RURAL") 9
(d) Street No. 3812 Finney Ave
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1941 hour 10:20 P. minute. P. M.

21. I hereby certify that I attended the deceased from April 11, 1941 to May 4, 1941,
that I last saw him alive on May 4, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease with Decompensation Duration 12-15 months

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 Edw. W. Culosh (M.D. or other) _____
Address 2601 N. Whittier St. Date signed 5-6-41

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.....

Lyda Hughes

Licensed Embalmer No.

2938

P. O. Address.....

St Louis

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, fact should be so stated above.