

17744
S. No. 2
M-9-4-41
v. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1885
Registrar's No. 1521

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution:
St. Louis City Hospital #1
(d) Length of stay: In hospital or institution 6 Days
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County 25-000
(c) City or town St. Louis
(d) Street No. 405 Lucas Ave.
(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME Wesley Sadler

(b) If veteran, name war Dont Know. (c) Social Security No. Unknown.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. Unknown. (Month) (Day) (Year)

8. AGE: Year abt 65 Months Days If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Laborer.

11. Industry or business.....

MOTHER FATHER { 12. Name Unknown.
13. Birthplace " (City, town, or county) (State or foreign country)
14. Maiden name " (City, town, or county) (State or foreign country)
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant John Burg

(b) Address 7th & Chestnut St.

17. (a) Burial (b) Date thereof Feb. 19. 42
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Robert J. Bredack
(b) Address 1431 Union Blvd.

19. (a) EEB (b) J. S. Bredack
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16. year 1942 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from February 11. 19 42 to February 16. 19 42
that I last saw him alive on February 16. 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Malignant melanoma & (Primary left eye) evidence of metastatic
Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 55

Major findings: Of operations.....

Of autopsy as above

Duration
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) (c) Means of injury 0
23. Signature Drew M. Peltzer (M. D. or other)
Address 1515 Lafayette Avenue. Date signed 2/17/42

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

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

Licensed Embalmer No.....

P. O. Address.....

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.