

FILED APR 13 1942  
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2869

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 26 days (Specify whether  
In this community 12 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 21  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2013 O'Fallon  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Alex Sadler

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 9th 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 9 26 hr. min.

9. Birthplace 9 Miss  
(City, town, or county) (State or foreign country)

10. Usual occupation Odd Jobs

11. Industry or business \_\_\_\_\_

12. Name Dave Sadler

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

14. Maiden name Nancy Westbrook

15. Birthplace Miss.  
(City, town, or county) (State or foreign country)

16. (a) Informant Shirley Smith

(b) Address 2601 N. Whittier St.

17. Antoine Road Date thereof 3-11-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. K. ...

(b) Address 300 ...

19. (a) MAR 31 1942 (Date received local registrar) J. F. ... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March, day 5, 1942  
year \_\_\_\_\_ hour \_\_\_\_\_ 1 minute 10 A. M.

21. I hereby certify that I attended the deceased from February 7, 1942 to March 5, 1942; that I last saw him alive on March 5, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Stomach 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) (e) Means of injury \_\_\_\_\_

23. Signature Wells E. A. ... (M. D. or other) \_\_\_\_\_

Address 2601 N. Whittier Date signed 3/11/42

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

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17  
9

**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.**