

Registration District No. 318 Primary Registration District No. 4000

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: LUTHERAN HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 DAYS
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3337 Michigan (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SADIE HADSELL
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 23
year 1942 hour 1:10 minute 0 M.
21. I hereby certify that I attended the deceased from 10-10-42
_____ 19____, to 10-23 1942
that I last saw her alive on 10-23 1942
and that death occurred on the date and hour stated above.

4. FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
7. (b) Name of husband or wife FLOYD HADSELL 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased NOV. 10 1885
(Month) (Day) (Year)

Immediate cause of death
Fibrosarcoma of kidney
Due to F
Due to F
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations inoperable Fibro Sarcoma of kidney
Of autopsy _____

8. AGE: Years Months Days If less than one day
56. 11. 13 hr. min.

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

10. Usual occupation AT HOME

11. Industry or business HOUSE WIFE

12. Name HARRELL

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

14. Maiden name UNKNOWN

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

16. (a) Informant Floyd Hadsell

(b) Address 3337 Michigan Ave

17. (a) Burial (b) Date thereof Oct 25 1942
(Burial, cremation, or reburial) (Month) (Day) (Year)

(c) Place: burial or cremation New St Paul & Paul

18. (a) Signature of funeral director Thompson & Son

(b) Address 2906 Grand Ave

19. (a) OCT 25 1942 (b) J. T. Pruden
(Date received local registrar) (Registrar's signature)

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 Ernest Vogel (M. D. or other) MD
Address 3325 So. Grand Ave Date signed 10-24-42

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. *myself.*

Signed *David Van Fossan*
Licensed Embalmer No. *4375*
P. O. Address *2906 Leavie*

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.