S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5213

State File No.

FILED MAR 1 1944 318

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1802

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: 1131 Walton Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community abt 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo (b) County 17 12

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1131 Walton Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Sadie Harrell

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Paul W. Harrell

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased February 8 (Month) 1876 (Day) (Year)

8. AGE: Years 68 Months 0 Days 10 If less than one day hr. min.

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

10. Usual occupation Sales lady

11. Industry or business women wear

FATHER
12. Name John Scheidler 8
13. Birthplace Crossing Atlamtic Ocean
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louisa Ditto
15. Birthplace Maryland
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Harrell
(b) Address 1131 Walton Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/21/44 (Month) (Day) (Year)
(c) Place: burial or cremation Glasgow Ky.

18. (a) Signature of funeral director Mayer
(b) Address 4356 Lindell Blvd

19. (a) FEB 23 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18 year 1944 hour 10 20 minute 8 M.

21. I hereby certify that I attended the deceased from Dec 11 1944 to 2/18/44 19 ; that I last saw her alive on 2/18/44 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Arterio Sclerosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 83

Major findings:
Of operations

Of autopsy

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature R. Hayden (M. D. or other) M.D.

Address 5899 Delmar Date signed 2/19/44

(Licensed Embalmer's Statement on Reverse Side)

1802

1802

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 Albert L. Stoppe

Licensed Embalmer No. 2971

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.