

S. No. 2
M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 30 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38677

State File No. _____

Registration District No. _____

Primary Registration District No. 6046

Registrar's No. 9

1. PLACE OF DEATH:

(a) County St Charles

(b) City or town New Melle Collins
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St Charles

(c) City or town New Melle 92
(If outside city or town limits, write "RURAL") U

(d) Street No. _____ (If rural, give location) _____

(e) Citizen of foreign country? X (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME OSCAR SADBROCK

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb 21 1880
(Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace New Melle Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Herman Sadbrook

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

14. Maiden name Lynn Sweeney

15. Birthplace St Charles Mo 1
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar Sadbrook

(b) Address New Melle

17. (a) Burial (b) Date thereof Nov 20-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Caplin my
W. W. Sweeney

(b) Address W. W. Sweeney

19. (a) 11/19/44 (b) Gene Rickmers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17th
year 1944 hour 6 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 1942
1942 to Nov 17th 1944, 1944
that I last saw h. live on Nov 17th, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pathoma and Chronic myocarditis

Due to _____

Due to 93d

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

Major findings: No operation

Of operations _____

Of autopsy No 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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature Benjamin Brandt (M. D. or other) _____
Address Davidson Mo Date signed 11-18-44

684 (Licensed Embalmer's Statement on Reverse Side)

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

007

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 12-5-44

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 Morris Muschong
Licensed Embalmer No. 2461
P. O. Address Wentzville, Mo.

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.