

FILED OCT 19 1945 STANDARD CERTIFICATE OF DEATH

State File No. 31944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8783

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME SADIE HART

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

4. Sex Fem. / 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dr. E. R. Hart 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased February 20, 1884 (Month) (Day) (Year)

8. AGE: Years 61 Months 7 Days 18 If less than one day hr. min.

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

10. Usual occupation At home

MOTHER FATHER

12. Name Jacob Gumbiner
13. Birthplace Germany 4
14. Maiden name Esther Ettenson
15. Birthplace Germany 4

16. (a) Informant Dr. E. R. Hart (b) Address 4525 Lindell

17. (a) Burial (b) Date thereof 10-12-1945 (c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director J. F. Bredbeck (b) Address 5216 Delmar Blvd.

19. (a) OCT 11 1945 (Date received local registrar) J. F. Bredbeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 4525 Lindell
(e) Citizen of foreign country? (Yes or No) If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10 year 1945 hour 7th minute 40P M.

21. I hereby certify that I attended the deceased from Dec 1943 to 10-10-45 that I last saw her alive on 10-10 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the Rectum - metastases

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy

Duration 14 mo. 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?
(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 Joseph H. Tughran M.D. Address St. Louis Jewish Hospital Date signed 10-10-45

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

20
17
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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.....

W. J. Burgess

Licensed Embalmer No.....

4029

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.