

No. 2  
12-45  
17-39  
X47070

FILED NOV 3 1947  
Registration District No. **318** Primary Registration District No. **1005**

1. PLACE OF DEATH:  
(a) County **ST. LOUIS**  
(b) City or town **ST. LOUIS**  
(c) Name of hospital or institution: **MO. PACIFIC HOSP.**  
(d) Length of stay: In hospital or institution **14 DAYS**  
In this community **14** years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MISSOURI** (b) County **WILLIAMSON**  
(c) City or town **HURST**  
(d) Street No. **9th St.**  
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **JOHN FORD SADLER**  
(b) If veteran, name war **---**  
(c) Social Security No. **702-14-9041**

4. Sex **MALE** 5. Color or race **WHITE**  
6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **CLEMENA**  
6. (c) Age of husband or wife if alive **43** years  
7. Birth date of deceased **FEB. - 13 - 1900**

8. AGE: Years **47** Months **8** Days **5**  
If less than one day hr. min.

9. Birthplace **HURST** (City, town, or county) **ILL.** (State or foreign country)

10. Usual occupation **MACHANIC - R.R.**

11. Industry or business **---**

12. Name **GEORGE SADLER**

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

14. Maiden name **EMMA LITE**

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

16. (a) Informant **MRS. CLEMENA SADLER**

(b) Address **HURST, ILL.**

17. (a) **Removal** (b) Date thereof **10-18-47**

(c) Place: burial or cremation **HERRIN ILL.**

18. (a) Signature of funeral director **ROWLAND FUNERAL SCR.**

(b) Address **4355 WASHINGTON AX**

19. (a) **OCT 21 1947** (Date received for local registration) **J. F. Brueck** (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **October** day **18** year **1947** hour **6** minute **40 AM.**  
21. I hereby certify that I attended the deceased from **October 6** 19**47** to **October 18** 19**47**  
that I last saw him alive on **Oct 17** 19**47** and that death occurred on the date and hour stated above.

Immediate cause of death **Heart Failure**  
Due to **Degenerative Heart Disease**

Other conditions: **9/3**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **---**  
Of autopsy **---**

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 **[Signature]** (M. D. or other) **MD**  
Address **My Pm Map** Date signed **10-18-47**

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

MOTHER FATHER

6926

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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.....

*Alex Campbell*

Licensed Embalmer No. *3881*

P. O. Address... *St. Louis 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.**