

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25207

State File No.

5831

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1006 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>50 yrs</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillins Hospital</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS <u>3424 Hickory</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) c. (Last) <u>Saddler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 28 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>Sept 3 1884</u>		9. AGE (In years last birthday) <u>66</u>		10. IF UNDER 1 YEAR Months <u>9</u> Days <u>25</u> Hours <u>15</u> Min.	
11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <u>UNKNOWN</u>	
14. MOTHER'S MAIDEN NAME <u>MOLLIE BLAIR</u>		15. NAME OF HUSBAND OR WIFE <u>OSCAR SADDLER</u>		16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
17. SOCIAL SECURITY NO.		18. INFORMANT'S SIGNATURE OR NAME <u>Hera Robinson</u>		19. ADDRESS <u>622 Front Street NEWPORT ARK</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Arteriosclerotic Heart Disease</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		II. OTHER SIGNIFICANT CONDITIONS <u>Prob. AdenoCarcinoma of Sigmoid</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		III. MAJOR FINDINGS OF OPERATION <u>Malnutrition</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H. 200</u>	

22. I hereby certify that I attended the deceased from 5-20, 1951, to 6-28, 1951, that I last saw the deceased alive on 6-28, 1951, and that death occurred at 3:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank O Richards M.D.</u>		23b. ADDRESS <u>2601 N Whittier St</u>		23c. DATE SIGNED <u>6-28-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>0</u>		24b. DATE <u>7-2-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GREENWOOD CEM</u>	
24d. LOCATION (City, town, or county) (State) <u>WELLSTON MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A.F. Walton</u>		ADDRESS <u>2207 Stoddard</u>	

DATE REC'D BY LOCAL REG. JUN 29 1951 REGISTRAR'S SIGNATURE J. B. Resater

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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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 _____

X

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4740th Couper

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.