

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36804

State File No.

ED OCT 21 1952

318

1003

Registrar's No. 8913

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Ann	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital		d. STREET ADDRESS (If rural, give location) 10116 St. Catherine La	

3. NAME OF DECEASED (Type or Print)	a. (First) Michael	b. (Middle) A.	c. (Last) Sadlo	4. DATE OF DEATH (Month) (Day) (Year) 9)24)52
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 9)22)52	9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months 2	IF UNDER 1 YEAR Days 2	IF UNDER 1 YEAR Hours 	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done at the time of death. If retired) #####	10b. KIND OF BUSINESS OR INDUSTRY #####	11. BIRTHPLACE (State or foreign country) St. Johns Hospital	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Edward Sadlo	13b. MOTHER'S MAIDEN NAME Eleanor Piazza	14. NAME OF HUSBAND OR WIFE #####
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ##### (If yes, give year or dates of service) #####	16. SOCIAL SECURITY NO. #####	17. INFORMANT'S SIGNATURE OR NAME Edward Sadlo	ADDRESS 10116 St. Catherine La
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medical Certification Conspicuous L. Diaphragmatic Hernia Well limited Lung expansion		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 5604
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22. I hereby certify that I attended the deceased from **Sept 22, 1952** to **Sept 24, 1952**, that I last saw the deceased alive on **Sept 24, 1952**, and that death occurred at **10 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS 443rd N. Newstead	23c. DATE SIGNED Sept 24-1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9)25)52	24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.
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DATE REC'D BY LOCAL REG. SEP 24 1952	REGISTRAR'S SIGNATURE [Signature]	25 FUNERAL DIRECTOR'S SIGNATURE Collier's Funeral Home	ADDRESS 10123 St. Charles Rd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. J. Marshall
Newsted & Lee

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

No Embalming

Licensed Embalmer No. _____

P. O. Address

Gene Gasser

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.