

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12259**
Registrar's No. **2231**

FILED MAR 18 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY -----		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY -----	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips		e. STREET ADDRESS (If rural, give location) 802 N. Jefferson 2219	
3. NAME OF DECEASED (Type or Print) a. (First) Daniel b. (Middle) Saddler c. (Last) 21		4. DATE OF DEATH (Month) (Day) (Year) Feb. 24, 1953	
5. SEX Male	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Abt. 1898
9. AGE (In years last birthday) Abt. 55		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Odd Jobs		10b. KIND OF BUSINESS OR INDUSTRY -----	
11. BIRTHPLACE (City and State or Foreign Country) Mississippi		12. CITIZEN OF WHAT COUNTRY? -----	
13a. FATHER'S NAME Alanzo Saddler		13b. MOTHER'S MAIDEN NAME Isabel Bora	
14. NAME OF HUSBAND OR WIFE -----		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes War I	
16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME Tsaiah Saddler ADDRESS 3968a Cook Av	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gas gangrene (Anarobic gas forming infection) Trae. rt. 2nd & 3rd ribs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ----- DUE TO (c) arterially suppled when deceased fell down stairs in rear of home at 802a N. Jefferson	
19a. DATE OF OPERATION -----		19b. MAJOR FINDINGS OF OPERATION about 10:00 A.M. Feb. 20, 1953 Accident	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) Homicide Accident	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 802a N. Jefferson		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo. 000	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-20-53 ab. 10A+M		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Fell down stairs in rear of home		E 9000	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:35 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Patrick E. Pugh, M.D. (Degree or title) 3rd Class		23b. ADDRESS 300 Clark	
23c. DATE SIGNED 2/27/53		24. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 3/2/53		24c. NAME OF CEMETERY OR CREMATORY National Cem	
24d. LOCATION (City, town, or county) (State) Jeferson Bkd., Missouri		25. FUNERAL DIRECTOR'S SIGNATURE R. M. C. Green ADDRESS 4060 Washington	
DATE REC'D BY LOCAL REG. FEB 27 1953		REGISTRAR'S SIGNATURE [Signature]	

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.....
Signature of Student Embalmer

Signed *Melvin E. Green*.....

Licensed Embalmer No. *4428*.....

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

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.