

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **23516**

FILED JUN 26 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1553

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside of State limits, give RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 yr.</u>		e. STREET ADDRESS (If rural, give location) <u>2209 1869 S. 10th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clear View Nursing Home</u>		3. NAME OF DECEASED a. (First) <u>Lillie</u> b. (Middle) <u>I</u> c. (Last) <u>Sadler</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>June 3 1953</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Oct. 7, 1874</u>		9. AGE (In years last birthday) <u>78</u> If UNDER 1 YEAR Months _____ Days _____ If UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Edinburg, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Louis Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Sharp</u>	
14. NAME OF HUSBAND OR WIFE <u>Thomas Sadler (decd)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marshall W. McNear, Chicago, Ill.</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES DUE TO (b) <u>Chr. glomerular nephritis</u> DUE TO (c) <u>Arterio-sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>May 15, 53</u> <u>15 yrs.</u> <u>20+ yrs.</u>		19a. DATE OF OPERATION _____	
19b. MAJOR FINDINGS OF OPERATION _____		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) (Minute) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>May 16, 1953</u> , to <u>June 3, 1953</u> , that I last saw the deceased alive on <u>June 3, 1953</u> , and that death occurred at <u>8:10 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Donohy M. Ellersieck M.D.</u>		23b. ADDRESS <u>3188 8 Bellfontaine Rd.</u>	
23c. DATE SIGNED <u>6-3-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>6-6-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Edinburg Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Edinburg, Illinois</u>		DATE REC'D BY LOCAL REG. <u>6-5-53</u>	
REGISTRAR'S SIGNATURE <u>Hubert R. Domb</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>M. O'Flinnane Bros. 3320 N. Kingshighway</u>	

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.....
Fred Frick

Licensed Embalmer No. ...3186..

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.