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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 0699 | |
| 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 township) OR TOWN <u>ST. LOUIS Mo</u> | | c. LENGTH OF STAY (in this place) _____ | | 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"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3109 ARSENAL</u> | | | | e. STREET ADDRESS (If rural, give location) <u>16 3109 ARSENAL 0</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ESTELLE</u> | | b. (Middle) _____ | | c. (Last) <u>SADDELER</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 22 1955</u> | |
| 5. SEX <u>FEMALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u> | | 8. DATE OF BIRTH <u>AUG. 11 1891</u> | |
| 9. AGE (In years last birthday) <u>63</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED BINDERY GIRL</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U-S-A</u> | | 13a. FATHER'S NAME <u>JACOB SADDELER</u> | | 13b. MOTHER'S MAIDEN NAME <u>KATE SLATTERY</u> | | 14. NAME OF HUSBAND OR WIFE _____ | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | | 16. SOCIAL SECURITY NO. <u>UNK.</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>NELLIE TERRY 3109 ARSENAL</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>Coronary thrombosis</u> 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. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____ | | 21f. HOW DID INJURY OCCUR? <u>4201</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | | | |
| 22. I hereby certify that I attended the deceased from <u>19 Jan</u> , 19 <u>55</u> , to <u>21 Jan</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>19 Jan</u> , 19 <u>55</u> , and that death occurred at <u>8:00 a. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Robert L. Nye, M.D.</u> | | | | 23b. ADDRESS <u>3201 Arsenal St. St. Louis Mo.</u> | | 23c. DATE SIGNED <u>21 Jan. '55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) _____ | | 24b. DATE <u>JAN. 25 1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>JAN 25 1955</u> | | REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kute 2906 Gravis</u> | | ADDRESS _____ | |

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

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 *James C. Hill*.....

Licensed Embalmer No. *4347*

P. O. Address *2904*

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.