MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-007207
STATE FILE NUMBER

AMENDED ✓ FILED VS MAR 2 1961

Registration District No. 317 Primary Registration District No. 543 Registrar's No. 466

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jennings — Length of stay in 1b: 1 Mo.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Hightower Nursing Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Pine Lawn — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3505 Avondale Ave. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ~~Hugh~~ REUBEN Middle B. Last Sadler

4. DATE OF DEATH Month 2 Day 12 Year 1961

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12/9/71
9. AGE (last birthday) 89
IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Professor (ret.)
10b. KIND OF BUSINESS OR INDUSTRY Asbury College
11. BIRTHPLACE (City and state or country) - Ky.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Robert Steinmeier, 3656 Manola Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart disease — INTERVAL BETWEEN ONSET AND DEATH: unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Cachexia, Atony bladder
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 11, 1961, to Feb 12, 1961 and last saw ~~him~~ him alive on Feb 7, 1961
Death occurred at 10:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lewis Litthmann (Degree or title) MD
22b. ADDRESS 8231 Clayton Rd (17)
22c. DATE SIGNED 2/14/61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 2/16/61
23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery
23d. LOCATION (City, town, or county) St. Louis County (State) Mo.

24. FUNERAL DIRECTOR Drehmann-Harral, 1905 Union Blvd. ADDRESS
25. DATE RECD. BY LOCAL REG. 2-14-61
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

Dr. Lewis Littman
8231 Clayton Rd.
Pa 7-0202
Hrs. 3-5 Tues.

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 Warren A. Carver

Licensed Embalmer No. 353K

P. O. Address_____

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.