

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-004459

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1021

STATE FILE NUMBER

AMENDED

FILED FEB 2 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Mo.</u>		a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>		c. CITY OR TOWN <u>Granite City</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
Length of stay in 1b <u>3 weeks</u>		d. STREET ADDRESS (If outside, give location) <u>1306 Rhodes</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>HERBERT</u> Middle <u>SSADLER</u> Last <u>Sadler</u> <i>Herbert Sadler</i>			4. DATE OF DEATH Month <u>Jan.</u> Day <u>22</u> Year <u>1962</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-26-1900</u>	9. AGE (last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ladle Man retired lyr. Gen. Steel Castings</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Monmouth, Ill.</u>		11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>	
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME <u>Otis Sadler</u>		13b. MOTHER'S MAIDEN NAME <u>Gertrude Richmond</u>	
14. NAME OF HUSBAND OR WIFE <u>Mable</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>unknown</u>	
17. INFORMANT <u>Mable Sadler</u>		Address <u>Granite City, Ill.</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Branchopneumonia</u>		<u>2 weeks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Chronic Lung Disease</u>	<u>10 years</u>
	DUE TO (c) <u>Sideroblastic anemia 527.2</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u>	Month, Day, Year <u> </u> <u> </u> <u> </u>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from 1-2-62 to 1-22-62 and last saw her/him alive on 1-22-62
Death occurred at 1-22-62 9:57pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Donald D. Berry MD</u> (Degree or title)	22b. ADDRESS <u>9332 Berry</u>	22c. DATE SIGNED <u>1-23-62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>1-23-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cemetery</u>	23d. LOCATION (City, town, or county) <u>Edwardsville, Illinois</u>
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24. FUNERAL DIRECTOR <u>Francis J. Lofy</u> ADDRESS <u>Madison Ill.</u>	25. DATE RECD. BY LOCAL REG. <u>JAN 23 1962</u>	26. REGISTRAR'S SIGNATURE <u>Lead Smith, M.D.</u>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTead OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

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 Francis J. Labey

Licensed Embalmer No. 2992

P. O. Address Madison, Ill

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.