

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

49551

1. PLACE OF DEATH

County..... Registration District No.....
 Township.....
 City.....*St. Louis* (No. *Baptist Parsonage*)
 File No.....
 Registered No. *13560* St. Ward.....

2. FULL NAME

(a) Residence. No. *4511 a cottage* St., *7* Ward.....
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *Married*
 5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Edmond Spain*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Apr 21 - 1893*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 7 20

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work *Housewife*
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *St. Louis*
 (STATE OR COUNTRY)

PARENTS
 10. NAME OF FATHER *Edward Sadler*
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) *St. Louis*
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER *Mary Sheehan*
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *New York*
 (STATE OR COUNTRY)

14. INFORMANT *Edw. J. Spain*
 (Address) *2416 N. Taylor*

15. FILED *May 6 1918*
 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Dec 11 1918*

17. I HEREBY CERTIFY that I attended deceased from *Jan 10* 1918 to *Dec 11 1918* and that I last saw him or her alive on *Dec 10 1918*, and that death occurred, on the date stated above, at *2:30 p.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia
 (duration) yrs. mos. ds. *5*
 CONTRIBUTORY (SECONDARY) *Influenza*
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH *4511 a cottage*

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) *R. P. Harris* M. D.

12-13, 1918 (Address) *Married Clerk Bldg.*
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Catholic Burial Ground* DATE OF BURIAL *Dec 14 1918*

20. UMBERTAKER *Haryank Sheehan Morgan* ADDRESS *76 20*
Med

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

