

FEB 12 1938

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

959
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City (d) Street No. **En Route City Hospital # 2** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Foster SADDLER 346
 (a) Residence, No. **1114 No 14th St** St. **25**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan - 13 - 1938**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
6 **months** **21** **days**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **none**
 9. Industry or business in which work was done, as saw mill, bank, etc. **none**
 10. Date deceased last worked at this occupation (month and year) **none** 11. Total time (years) spent in this occupation **none**

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

FATHER 13. NAME **Norman Saddle**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Miss**

MOTHER 15. MAIDEN NAME **Lessie Blanchard**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Miss**

17. INFORMANT (ADDRESS) **Norman Saddle 1114 No 14th St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **W. Bahmietal** DATE **1-17-38**

19. FUNERAL DIRECTOR (ADDRESS) **W. Richter, 3514 Rutger Ave, St Louis, Mo**

20. FILER **J. Bredeck** Local Registrar.

No Physical Certificate of Death

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/13/38**

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
 I last saw him alive on 19..... Death is said to have occurred on the date stated above, at **6:30 p.m.**
 The principal cause of death and related causes of importance were as follows:

Premature Birth Still Born

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **See above**
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify **Joseph M. Turner**
 (Signed) **Joseph M. Turner** (Address) **Deputy Coroner**

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.

JAN 24 1938

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

.....
Licensed Embalmer No.

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.)