REC'D JUL 12 1938

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

20493
Do not use this space.

Registration District No. 791
Primary Registration District No. 1008
Registered No. 5632

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St Louis Mo
(d) Street No. BARNES HOSPITAL 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. 15 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Sadler

(a) Residence, No. 346 St. NR Hinva. Ill
(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: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Septmeber 6, 1900

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
37	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Trucker
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): 4 mos ago
11. Total time (years) spent in this occupation: 3yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Anna, Illinois.

FATHER

13. NAME: Harrison Sadler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Kentucky.

MOTHER

15. MAIDEN NAME: Letha Dodson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Kentucky.

17. INFORMANT (ADDRESS): Evern Sadler Anna Illinois.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Casper Illinois. DATE June 24, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Albert H. Hoppe Inc. 429 N. Euclid Ave.

20. FILED JUN 22 1938 J. P. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-1, 1938, to 6-22, 1938

I last saw him alive on 6-22, 1938. Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphillis of Stomach	

Other contributory causes of importance:

Name of operation: Gastrectomy Date of: 6-18-38
What test confirmed diagnosis? Operation 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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Eugene M. Bricker, M. D.
(Address) BARNES HOSPITAL

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY WITH INDELIBLE INK. DO NOT FOLD.

1 X14003

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 .....,

Registered Apprentice No....., working under my personal supervision.

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

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 this body is not embalmed, above space should be left blank.