

REC'D AUG 11 1939 791

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: 1003  
(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Luthern Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Days  
(Specify whether  
In this community 43 Years  
years, months or days)

3. (a) PRINT FULL NAME Edward B. Sadler 346  
3. (b) If veteran, name war World War 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 28 1895  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>7</u>	<u>10</u>	hr. _____ min. _____

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Sign Painting

11. Industry or business Sadler Sign Co. 0

12. Name Theodore Sadler 0

13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Augusta Phillips

15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Theodore W. Sadler

(b) Address 5025 S. Grand Ave.

17. (a) Burial (b) Date thereof 7/10/39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Wacker-Helderte

(b) Address 2331 S. Broadway

19. (a) JUL 8 1939 (b) J.F. Brubaker  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 1  
(c) City or town St. Louis 15  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5025 S. Grand  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7  
year 1939 hour 6 minute 20 A. M.

21. I hereby certify that I attended the deceased from 7-1-39  
9x, 1939, to 7-7- 1939  
that I last saw him alive on 7-7 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative Heart Disease  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Thomas M. Johnson (M. D. or other) 1/7/39  
Address 5825 a Manchester Date signed 7/7/39

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.

**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.....

*Frank J. Wyland Sr.*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Frank J. Wyland Sr.*

Licensed Embalmer No.....

*2645*

P. O. Address.....

*St Louis Mo*

**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.**