

11160

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38014
Registrar's No. 9853

DEC 23 1938

791

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH: 1003

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether _____)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4958 Wabada
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Sarah Sadlo (Dawell)

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18,
year 1939 hour 8:45 minute _____ A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to November 18, 1939.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased March 6, 1864
(Month) (Day) (Year)

that I last saw h. OP alive on November 18, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC MYOCARDITIS

Duration _____

8. AGE: Years 75 Months 8 Days 12 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

9. Birthplace Troy Mo.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation at home

Major findings: Of operations _____

11. Industry or business Housewife

Of autopsy _____

12. Name Norman Creech

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____

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

(b) Date of occurrence _____

14. Maiden name Cassie Lumball
(City, town, or county) (State or foreign country)

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

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

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

16. (a) Informant's own signature Emma Lewis

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

(b) Address 4958 Wabada

23. Signature David Friedman (M. D. or other) _____

17. (a) Burial (b) Date thereof Nov. 21/39
(Burial, cremation, or removal) (Month) (Day) (Year)

Address 1515 Lafayette, _____

(c) Place: burial or cremation Troy Mo.

11/19/39

18. (a) Signature of funeral director Thordentis

(Date received local registrar) _____

(b) Address 2906 Groves Ave

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.....

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

Signed *Thos Lutus*.....

Licensed Embalmer No. *1619*.....

P. O. Address *2906 Gravois*.....

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.