

**FILED MAR 25 1943**  
Registration District No. **318**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
3104 School St. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 40 years  
years, months or days)

**3. (a) PRINT FULL NAME** Missouri Saddler

3. (b) If veteran, name war no 3. (c) Social Security No. None

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased: About 1841  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day

about 102 - - hr. min.

9. Birthplace: Davis Bend Miss.  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil.

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name Sqaure Leonard

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

14. Maiden name Unknown

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

16. (a) Informant Robert Saddler  
(b) Address 3104 School St.

17. (a) Burial (b) Date thereof March 17, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Wright's Funeral Home  
(b) Address 3100 Easton Ave.

19. (a) MAR 15 1943 (b) J. J. Bredeck  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County 19

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

(d) Street No. # 3104 School St.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 12 th March  
year 1943 hour 5:55 minute P. M.

21. I hereby certify that I attended the deceased from JAN. 10, 1943  
19. to MARCH 12, 1943  
that I last saw her alive on MARCH 8, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
CHRONIC MYOCARDITIS

Due to \_\_\_\_\_ 3 years

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? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (a) \_\_\_\_\_ (b) Means of injury \_\_\_\_\_

23. Signature W. H. G. Clark (M. D. or other) \_\_\_\_\_  
Address 2748 1/2 Franklin Date signed 3/13/43

**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 William C. McDowell, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed William C. McDowell  
Licensed Embalmer No. 2114

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, fact should be so stated above.**