

FILED JAN 12 1948
Registration District No. 3948

Primary Registration District No. 1008

Registrar's No. 11913

1. PLACE OF DEATH:

(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: 4334th No. 1 Market 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 Life
years, months or days

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis. 911
(If outside city or town limits, write "RURAL")

(d) Street No. 4334th No. Market St
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Robert V. Sadridge

3. (b) If veteran, name war World War #1

3. (c) Social Security No. None

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife Nancy Sadridge

6. (c) Age of husband or wife if alive 6.3 years

7. Birth date of deceased April 13th 1888
(Month) (Day) (Year)

8. AGE: Years 55 Months 8 Days 14 If less than one day _____
hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business U.S. Post Office

MOTHER FATHER

12. Name Howard Sadridge

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

14. Maiden name Alice ?

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

16. (a) Informant Nancy Sadridge

(b) Address 4334th No. Market St.

17. (a) Burial (b) Date thereof 12-21-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cem.

18. (a) Signature of funeral director Peoples Nat. Co.

(b) Address 3100 Franklin Ave

19. (a) DEC 2 (b) J. F. Prude
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27th
year 1943 hour 4 minute _____ M.

21. I hereby certify that I attended the deceased from 12/24/43
to 12/27/43
that I last saw him alive on 12/27/43
and that death occurred on the date and hour stated above.

Immediate cause of death At that Insufficiency stylens

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)

(a) Means of injury _____

23. Signature Chas E Howard (M. D. or other) _____
Address 4320th Boston Date signed 12/28

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

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.....
Licensed Embalmer No. 4684
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, fact should be so stated above.