

**FILED JUL 3 1946**  
Registration District No. **318**

Primary Registration District No. **1003**

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:  
City Infirmary **0**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. 1 yr. 2 mo.  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Sadler  
 3. (b) If veteran, name war.....  
 3. (c) Social Security No.....

4. Sex Female / 5. Color or race white  
 6. (a) Single, widowed, married, divorced widow  
 6. (b) Name of husband or wife Arthur V. Sadler  
 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased Oct. 26, 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 7 29 hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name James Herrington

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

14. Maiden name Mary Ann Monahan

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

16. (a) Informant City Infirmary Records

(b) Address Burial 5800 Arsenal St.

17. (a) (Burial, cremation, or removal) Burial (b) Date thereof 6-28-46  
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly  
 (b) Address 3840 Lindell Blvd.

19. (a) JUN 26 1946 (Date received local registrar) J. F. Broecker (Registrar's signature)

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. 1522 N. Spring  
(If rural, give location)  
 (e) Citizen of foreign country? American (Yes or No) **0**  
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1946 hour..... minute 12:30 p.  
 21. I hereby certify that I attended the deceased from Apr. 28, 1945 to June 25, 1946, 19.....; that I last saw h. er. alive on June 25, 1946, 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Cardio Vascular nephritic syndrome-- several years

Due to.....  
 Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations.....  
 Of autopsy.....

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?

(a) Signature: Palmer Pinman Bowlich (M. D. or other) **9**  
 Address City Infirmary Date signed.....

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

21026

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**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

*Stanley Marshall*

Licensed Embalmer No.

*2868*

P. O. Address

*3840 Lindell*

**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.**