

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21945

FILED JUL 7 1949

State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3063</u>		Registrar's No. <u>1442</u>		
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>CLAYTON</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>BRENTWOOD</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CO. HOSP.</u>				d. STREET ADDRESS (If rural, give location) <u>2906 BRENTWOOD RD.</u>				
3. NAME OF DECEASED a. (First) <u>WILLIAM</u>			b. (Middle) _____		c. (Last) <u>SADLER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 16, 1949</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY 1911</u>	9. AGE (In years last birthday) <u>38</u>	if UNDER 1 YEAR: Days _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Leppeman Motor Co</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MACHANIC</u>		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS CO. MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>PAT SADLER</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Sadler</u>		14. NAME OF HUSBAND OR WIFE <u>LORETTA SADLER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Pat Sadler</u> ADDRESS <u>2906 Brentwood</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Advance Metastatic Carcinoma of lung</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>47d</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 mo +</u> <u>163X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>5-24-49</u> , to <u>6-16, 1949</u> , that I last saw the deceased alive on <u>6-16, 1949</u> and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>John W. Jones M.D.</u>				23b. ADDRESS <u>601 S Brentwood</u>		23c. DATE SIGNED <u>6-16</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-20-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett Mo.</u>		
DATE REC'D BY LOCAL REG. <u>6-28-49</u>		REGISTRAR'S SIGNATURE <u>Thurmond Luning</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. C. ...</u>		ADDRESS <u>7146 Manchester</u>		

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed

J. Allen Lewis
Licensed Embalmer No. 1053

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.