

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **19848**  
**5376**

**FILED JUN 10 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY _____		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3109 ARSENAL 2167</u>		d. STREET ADDRESS (If rural, give location) <u>3109 ARSENAL</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>KATE</u> b. (Middle) <u>SADDELER</u> c. (Last) _____		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>MAY 27 1953</u>	
<b>5. SEX</b> <u>FEMALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>WIDOW</u>	<b>8. DATE OF BIRTH</b> <u>FEB. 10 1871</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>WIDOW</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>MISSOURI</u>
<b>12. CITIZEN OF WHAT COUNTRY?</b>			

<b>13a. FATHER'S NAME</b> <u>JOHN SLATTERY</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>KATHERINE KELLY</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>JACOB SADDELER (DEC'D)</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)	<b>16. SOCIAL SECURITY NO.</b> <u>NONE</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>ESTELLE SADDELER</u>	<b>ADDRESS</b> <u>3109 ARSENAL</u>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>minutes</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Arterio-sclerosis Cerebral Hemorrhage</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>331X</u>
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**22. I hereby certify that I attended the deceased from 5 May, 1953, to 27 May, 1953, that I last saw the deceased alive on 5 May, 1953, and that death occurred at 5:45 P.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>Robert S. Nyc, M.D., D.</u>	<b>23b. ADDRESS</b> <u>3201 Arsenal St. St. Louis Mo</u>	<b>23c. DATE SIGNED</b> <u>29 May 53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>REMOVAL</u>	<b>24b. DATE</b> <u>MAY 30 1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>CALVARY CEM.</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>ST. LOUIS Mo</u>
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<b>DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE</b> <u>MAY 29 1953</u> <u>J. Earl Smith MD</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Thomas Kutis 2906 Beavris</u>
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H.T. (Licensed Embalmer's Statement on Reverse Side)

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

*no further time*

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*James E. Hill*

Licensed Embalmer No. \_\_\_\_\_

*4347*

P. O. Address \_\_\_\_\_

*2906*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.