

35916

State File No. _____

Registrar's No. 8710

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 6 weeks		STREET ADDRESS (If rural, give location) 8731 Partridge Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital			
3. NAME OF DECEASED (Type or Print) Edward G. Sadlo Sr.		a. (First)	b. (Middle) G. c. (Last) Sadlo Sr.
4. DATE OF DEATH Sept. 23 1954		4. DATE OF DEATH (Month) (Day) (Year)	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 22, 1890
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Construction	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Anto J. Sadlo		13b. MOTHER'S MAIDEN NAME Not Known	14. NAME OF HUSBAND/OR WIFE Anna Sadlo
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 493 10 4514	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Sadlo 8731 Partridge Ave
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchogenic carcinoma DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 4 months		8 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input 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? 162X			
22. I hereby certify that I attended the deceased from March 31, 1954, to Sept. 23, 1954, that I last saw the deceased alive on Sept 23, 1954, and that death occurred at 9:15 a.m., from the causes and on the date stated above.			
23a. SIGNATURE X <i>Clay Miller</i> M.D.		23b. ADDRESS 634 N. Grand Blvd.	
23c. DATE SIGNED 9-24-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/25/54	
24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
DATE REC'D BY LOCAL REG. SEP 24 1954		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i> M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE <i>WFS</i>		ADDRESS Buchholz Mortuary 5967 W. Florissant	

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

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Walter H. Buckner*.....

Licensed Embalmer No. *75*.....

P. O. Address *A. J. ...*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.