S. No. 300
V. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29414

FILED SEP 5 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2027

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (in this place): 1 Hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Brentwood 4511
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 2806 Brentwood Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First): PATRICK
b. (Middle):
c. (Last): SADLIER

4. DATE OF DEATH (Month) AUG. (Day) 26 (Year) 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 1, 1869
9. AGE (In years last birthday): 86
IF UNDER 1 YEAR: Months ___ Days ___
IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): motorman (retired)
10b. KIND OF BUSINESS OR INDUSTRY: Street railway
11. BIRTHPLACE (City and State or Foreign Country): Ireland
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: William Sadlier
13b. MOTHER'S MAIDEN NAME: Sullivan
14. NAME OF HUSBAND OR WIFE: Anna Sadlier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mary Hilke, 2806 Brentwood

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Traumatic Rupture of Aorta — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
MED E-9020
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) Brentwood (COUNTY) St. Louis (STATE) Mo.
21d. TIME OF INJURY (Month) Aug (Day) 26 (Year) '56 (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? For unknown reason he fell out of a second story window

22. *I hereby certify that I attended the deceased from* 8-26-56, 19 56, *to* 8-26, 19 56, *that I last saw the deceased alive on* 8-26, 19 56, *and that death occurred at* 11:45a m., *from the causes and on the date stated above.*

23a. SIGNATURE Richard H. Kurz M.D. (Degree or title)
23b. ADDRESS 601 S, Brentwood, Clayton 5, Mo.
23c. DATE SIGNED 8/27/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-29-'56
24c. NAME OF CEMETERY OR CREMATORY: St. Peter's
24d. LOCATION (City, town, or county) Kirkwood, Missouri (State)

DATE REC'D BY LOCAL REG.: 8/28/56
REGISTRAR'S SIGNATURE: Herbert K. Wenke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: M. J. Croghan, 7146 Manchester Rd.,

(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 embaln

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Francis J. Wyland Jr

Licensed Embalmer No. 4512

P. O. Address St Louis M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.