

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 15 1957

STATE FILE NUMBER
43801
Registration District No. **318** Primary Registration District No. **1003** Registrars No. **11723**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN St Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1.		STREET ADDRESS 1526 S 7th Street	
3. NAME OF DECEASED (Type or print) First MABLE Middle ARLENE Last SADLER			4. DATE OF DEATH DECEMBER 21, 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 23 1950
9. AGE (In years last birthday) 6		IF UNDER 1 YEAR Months 6 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At School		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Cape Girardeau Missouri
12. CITIZEN OF WHAT COUNTRY? U S		13. FATHER'S NAME Herbert L Sadler	
14. MOTHER'S MAIDEN NAME Freda P, Elevens		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. No		17. INFORMANT Herbert L Sadler Address 1526 S 7th Street	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ventricular fibrillation DUE TO (b) myocarditis DUE TO (c) measles encephalitis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 3 da
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 0850		20c. TIME OF INJURY Hour 8 a. m. 50 p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 12/18/56 to 12/21/56 and last saw her/him alive on 12/21/56 Death occurred at 11:20 A.M on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Doctor or City) Ronald D. Guckhaus, M.D.		22b. ADDRESS 1515 LAFAYETTE AVE.	
22c. DATE SIGNED 12/21/56		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 12/24/56		23c. NAME OF CEMETERY OR CREMATORY National Cemetery	
23d. LOCATION (City, town, or county) Jefferson Brks Missouri		(State)	
24. FUNERAL DIRECTOR Moydell Funeral Home 1926 Allen		25. DATE RECD. BY LOCAL REG. DEC 22 1956	
26. REGISTRAR'S SIGNATURE J. Earl Smith M.D.			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature to name to no symptoms with no natural causes. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

