

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-041984**  
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10726**

DO NOT WRITE ON THIS STUB      AMENDED

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF	SHOULD READ	ITEM NO.
1								
2 <b>812071</b>								
3 <b>2</b>								
4 <b>0</b>								
5 <b>0</b>								
6								
7 <b>1</b>								
8 <b>1</b>								
9								
10								
11								
12 <b>52-0</b>								
13								

USE BLACK INK OR TYPEWRITER RIBBON

<b>FILED NOV 7 1963</b>	
1. PLACE OF DEATH	
a. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Missouri</b>	
Length of stay in lb <b>3 DAYS</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. STATE <b>ILH</b> b. COUNTY <b>FRANKLIN</b>	
c. CITY OR TOWN <b>BENTON</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) <b>412 E. WEBSTER</b>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED	
First Middle Last <b>JOHN W. SADLER</b>	
4. DATE OF DEATH	
Month Day Year <b>October 27 1963</b>	
5. SEX	
<b>MALE</b>	
6. COLOR OR RACE	
<b>White</b>	
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH	
<b>11-18-1908</b>	
9. AGE (last birthday)	
<b>56</b>	
IF UNDER 1 YEAR	
Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
<b>Police</b>	
10b. KIND OF BUSINESS OR INDUSTRY	
<b>city Police</b>	
11. BIRTHPLACE (City and state or country)	
<b>ILLINOIS</b>	
12. CITIZEN OF WHAT COUNTRY	
<b>U.S.A</b>	
13a. FATHER'S NAME	
<b>BROWN SADLER</b>	
13b. MOTHER'S MAIDEN NAME	
<b>MARTHA MORRIS</b>	
14. NAME OF HUSBAND OR WIFE	
<b>See Address 2 BENTON, ILL</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
<b>No</b>	
16. SOCIAL SECURITY NO.	
<b>4201</b>	
17. INFORMANT	
<b>Tom Sadler</b>	
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <b>Acute myocardial infarction</b>	
DUE TO (b) <b>with thrombosis of rt. and lf. coronary arteries</b>	
DUE TO (c) <b>4201</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
PART III. If deceased was female was there a pregnancy in last 90 days.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY	
Hour a.m. p.m. Month, Day, Year	
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 <b>10/23/63</b> to <b>10/27/63</b> and last saw him alive on <b>12:10 a.m. 10/27</b>	
Death occurred at <b>12:10 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title)	
<b>F. R. Bradley M.D.</b>	
22b. DATE	
<b>10-29-63</b>	
22c. NAME OF CEMETERY OR CREMATORY	
<b>EAST FORK Cem.</b>	
22d. LOCATION (City, town, or county)	
<b>FRANKFORD TOWNS. ILL.</b>	
22e. DATE SIGNED	
<b>10/27/63</b>	
23. BURIAL, CREMATION, OR REMOVAL (Specify)	
<b>Removal 10-29-63</b>	
24. FUNERAL DIRECTOR	
<b>Poulson-Freeman</b>	
ADDRESS	
<b>BENTON, ILL</b>	
25. DATE RECD. BY LOCAL REG.	
<b>OCT 29 1963</b>	
26. REGISTRAR'S SIGNATURE	
<b>Road Smith, M.D.</b>	

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 Frank Proff

Licensed Embalmer No. 4356

P. O. Address St Louis Mo

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.

6518  
0  
1  
1

0-22