MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

8486

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 2152

Township ..... Primary Registration District No. 1003 Registered No. 2152

City St. Louis (No. St. Johns Hospital St. ..... Ward)

2. FULL NAME Thomas J. Satterfield

(a) Residence. No. 2037 Alice Ave. St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maynie Satterfield (Shaw)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 2, 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	60	7	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Street Car Motorman
(b) General nature of industry, business, or establishment in which employed (or employer) St. Louis Public Service Co.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER James Satterfield
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Tenn
12. MAIDEN NAME OF MOTHER Sarah Jackson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Va.

14. INFORMANT Mrs. Maynie Satterfield
(Address) 2037 Alice Ave.

15. FILED FEB 15 1929 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 14 1929

17. I HEREBY CERTIFY, That I attended deceased from 4/1/29, 19..., to 2/14/29, 19..., that I last saw him alive on 2-13-, 1929, and that death occurred, on the date stated above, at 5:00 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephritis - Chronic

131 (duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 1294 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) O. P. Hall, M.D.

2/19/29 (Address) Emmett Rd.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Bethlehem — DATE OF BURIAL Feb. 16 1929

20. UNDERTAKER Math. Hermann & Son — ADDRESS 2161 E. Fair Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

119 1 2 2