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

Do not use this space.

38646

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 11050

City St Louis (No. Aleriam Bros Hosp St. ..... Ward)

2. FULL NAME Frank (Saeter) Saeter

(a) Residence. No. 5033 Landsdown St. 14 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Johanna Saeter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 25 1860

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
69	7	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Maintainance man
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Sickles Saddler Co

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

PARENTS
10. NAME OF FATHER unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT Johanna Saeter
(Address) 5033 Landsdown Ave

15. FILED NOV 12 1929, 19 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 11th 1929

17. I HEREBY CERTIFY, That I attended deceased from July 4th, 1929, to Nov. 11th, 1929 that I last saw him alive on Nov 11th, 1929, and that death occurred, on the date stated above, at 4 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cancer of Prostate Gland

(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Oct 9th 29
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? General Symptoms

(Signed) Geo. W. Flynn, M. D.
11/12, 1929 (Address) Missouri Bldg.

*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 Valhalla — DATE OF BURIAL Nov 14 1929

20. UNDERTAKER A. Kron L & U. Co — ADDRESS 2707 N Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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