

JAN 23 1939

FEB 29 1939

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

3846
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township Prime Lawn Primary Registration District No. 200 Registered No. 135
(c) City Prime Lawn (d) Street No. Mother of Good Counsel Home St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Josephine Sattler

(a) Residence, No. 3415 St. Belleville, Ills.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Sattler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20, 1867.
7. AGE YEARS 71 MONTHS 12 DAYS 28 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as saw mill, bank, etc. 12/1
10. Date deceased last worked at this occupation (month and year) 11. Total time (years spent in this occupation)

12. BIRTHPLACE (CITY OR TOWN) Belleville, Ills. (STATE OR COUNTRY)

FATHER 13. NAME Jacob Warmuth
14. BIRTHPLACE (CITY OR TOWN) Germany. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Barbara Fischer
16. BIRTHPLACE (CITY OR TOWN) Germany. (STATE OR COUNTRY)

17. INFORMANT Frank Warmuth (ADDRESS) 4735 Tennessee Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Belleville, Ills. DATE Jan. 25, 1939.

19. FUNERAL DIRECTOR (NAME) J. N. Gubken & Co. (ADDRESS) 2842 Meramec St.

20. FILED JAN 23 1939 J. R. Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 10, 1929 to Jan. 22, 1939

I last saw her alive on Jan. 19, 1939. Death is said to have occurred on the date stated above, at 5:00 A.M.

The principal cause of death and related causes of importance were as follows:
Chr. generalized arthritis deformans involving all joints large and small. Chr. arteriosclerosis-Chr. Myocarditis? Chr. interstitial nephritis? Totally bed fast.

Other contributory causes of importance: Myocardial failure. Uremia - Uremic coma. Hypo-static pneumonia.

In the Home of Incurables since 1929. Name of operation None Date of --

What test confirmed diagnosis? clinical and lab. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? -- Date of injury --, 19--

Where did injury occur? -- (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. --

Manner of injury --
Nature of injury --

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify Dr. Luther B. Purman (Signed) 2718 Jennings, St. L. M. D. (Address)

1/23/39

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.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 2120
2842 Meramec St.
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 this body is not embalmed, above space should be left blank.