S. No. 2
—11-10-39
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I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16755

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4233

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3614 No. 14th. St. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 25 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0

(c) City or town St. Louis 26
(If outside city or town limits write "RURAL")

(d) Street No. 3614No.14th. St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME August Sattler 346

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Viola Cregar

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased March 28, 1871.
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
69	1	14	hr. min.

9. Birthplace (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Sheet Metal Worker

11. Industry or business

FATHER
12. Name August Sattler
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Caroline Blum
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Viola Sattler
(b) Address 3600NO. 14th.St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May13,1940 (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Marcus Cemn.

18. (a) Signature of funeral director Stroot Carroll
(b) Address 4600 Natural Bridge

19. (a) MAY 13 1940 (Date received local registrar) (b) J. F. Bielebeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1940 hour 9 minute 41 a M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death (Enter only one cause per line) — Duration

(a) Uremia by condition

Due to

(b) Chronic interstitial

Due to

(c)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Cystoscopy

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph M. Jessman (M. D. or other)

Address Deputy Coroner (Date signed)

(Licensed Embalmer's Statement on Reverse Side)

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 Sheldon Collier

Licensed Embalmer No. 3382.

P. O. Address _____

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.