

No. 2
1-13-40
-17-39
X23159

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 278

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton

(c) Name of hospital or institution: State Hosp #1 Fulton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days
(Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME Fred Sattel

3. (b) If veteran, name war.....

3. (c) Social Security No. 3K

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Emilie Sattel 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept 3rd 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>69</u>	<u>1</u>	<u>21</u> hr. min.

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

10. Usual occupation fireman

11. Industry or business 9

12. Name DS

13. Birthplace DK
(City, town, or county) (State or foreign country)

14. Maiden name DK

15. Birthplace DK
(City, town, or county) (State or foreign country)

16. (a) Informant State Hosp #1 Records

(b) Address Fulton Mo

17. (a) State Hosp #1 (b) Date thereof 10-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Park Lawn Cem

18. (a) Signature of funeral director Wm. M. ...

(b) Address 303 N. ...

19. (a) 10-24/40 (b) R. N. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3428 McKean Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24
year 1940 hour 2 minute 40 P M.

21. I hereby certify that I attended the deceased from 10-15, 1940 to 10-24, 1940
that I last saw him alive on 10/24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to

Due to 97

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following: No.

(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? No.

While at work? No. (Specify type of place) (e) Means of injury

23. Signature G. F. Wood (M. D. or other) MD

Address State Hosp #1 Fulton Date signed 10-24-40

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

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.....

Licensed Embalmer No.....

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, fact should be so stated above.