No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41099

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 10870

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

(c) Name of hospital or institution: St. Louis City Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether years, months or days) In this community /

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St Louis 24 (If outside city or town limits write "RURAL")

(d) Street No. 2830 S. Jefferson (If rural, give location)

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

3. (a) PRINT FULL NAME Saettele, Gus

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Julia

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

7. Birth date of deceased August (Month) 2 (Day) 1864 (Year)

8. AGE: Years 76 Months 4 Days 28 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation Stonecutter

11. Industry or business

FATHER 12. Name Ignatz Saettele

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

MOTHER 14. Maiden name Magdalena Stahl

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

16. (a) Informant Burdie Sanders

(b) Address 3547 Yale

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 1 41 (Month) (Day) (Year)

(c) Place: burial or cremation New St Marcus Cem

18. (a) Signature of funeral director Will Bros Fun. Co.

(b) Address 2929 S. Jefferson Ave

19. (a) DEC 31 1940 (Date received local registrar) (b) J. M. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30th, year 1940 hour 12:00 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec. 25, 1940, 19..., to Dec. 30th, 1940 that I last saw him alive on Dec. 30th, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Fibrosis of Myocardium

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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 (M. D. or other)

Address 1515 Lafayette. Date signed 12/31/40

(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.....

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, above space should be left blank.