

FILED JUN 4 1943 318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

4748

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:
Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... 32 yrs
years, months or days) (Specify whether)

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..... 5743 Kingsbury
(If rural, give location)
(e) Citizen of foreign country?..... No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Sam Satz Satz

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

No

(c) Social Security No.....

497-18-8470

4. Sex..... male
5. Color or race..... White
6. (a) Single, widowed, married, divorced..... married
6. (b) Name of husband or wife..... Frieda Satz
6. (c) Age of husband or wife if alive..... (unk) years
7. Birth date of deceased..... July 1st 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 10 20hr.min.

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

10. Usual occupation..... Sewer

11. Industry or business..... Ladies coats

12. Name..... Hyman, Joseph, Satz

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

14. Maiden name..... Ida Jeanette (unk)

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

16. (a) Informant..... Sol Satz
(b) Address..... 5743 Kingsbury

17. (a) burial (b) Date thereof..... 5/23/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Chesed Shel Emeth

18. (a) Signature of funeral director..... Berger Memorial

(b) Address..... 4715 McPherson

19. (a) MAY 1943 (b) J. J. Braddock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... May day..... 21
year..... 1943 hour..... 5:00 minute..... M.

21. I hereby certify that I attended the deceased from..... April 29
19..... 43 to..... May 21, 19..... 43;
that I last saw him alive on..... May 21, 19..... 43
and that death occurred on the date and hour stated above.

Immediate cause of death..... acute pulm -
myocardial Duration..... 2 hours

Due to..... arteriosclerotic &
hypertensive heart disease 4 years

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?

While at work?..... (Specify type of place) Means of injury.....

23. Signature..... Joseph H. G... M.D.
Address..... Jewish Hosp., St. Louis Date signed..... May 21/43

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

MOTHER FATHER

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. 1597
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.