

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

FILED JUL 31 1943
Registration District No. **218**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **3504 Tennessee Ave.** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Martin Sateia**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **19** year **1943** hour **2** minute **25** P.M.
21. I hereby certify that I attended the deceased from **June 1/43** 19 **19** to **July 19** 19 **43**
that I last saw him alive on **July 19** 19 **43** and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Anna Sateia** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **October 15, 1884**
(Month) (Day) (Year)

Immediate cause of death **Bronchus Pneumonia** Duration **10 day**
Due to _____
Due to _____
Other conditions **Hypertrophied Prostate** **2 years**
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
58 **9** **4** hr. min.
9. Birthplace **Warsaw** **Poland**
(City, town, or county) (State or foreign country)

Major findings: **Hypertrophied Prostate**
Of operations _____
Of autopsy **Bronchus Pneumonia**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation **Retired Coal Miner**
11. Industry or business _____
12. Name **Don't Know**
13. Birthplace **Poland**
(City, town, or county) (State or foreign country)

14. Maiden name **Don't Know**
15. Birthplace **Poland**
(City, town, or county) (State or foreign country)
16. (a) Informant **Marie Schmitz**
(b) Address **3504 Tennessee Ave.**
17. (a) **Removal-Motor** (b) Date thereof **July 21/43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Sesser, Illinois**
18. (a) Signature of funeral director **Weick Brothers Und Co.**
(b) Address **2201 S. Grand Bl.**
19. (a) **21 10 43** **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____
23. Signature **J. F. Bredeck** (M. D. or other)
Address **958 Brocade Belg** Date signed **July 21/43**

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Mr Joseph S. Allen
Dread Bldg.

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 Wm A Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.