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FILED JUN 30 1944

State File No. _____

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 5661

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:
DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether _____)
In this community _____
years, months or days 0

3. (a) PRINT FULL NAME Lisette Satterfield

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Not mentioned
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 19, 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 2
If less than one day _____ hr. _____ min.

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

10. Usual occupation House work

11. Industry or business _____

12. Name Casper Borgeldt

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

14. Maiden name Mary Kampmeyer

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

16. (a) Informant Esme L. Satterfield

(b) Address 4027 Ashland Ave

17. (a) Burial (b) Date thereof 6/24/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) J. F. Breach
(Date received local registrar) (b) (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. 4027 Ashland Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21,
year 1944 hour 6:30 PM minute _____ M.

21. I hereby certify that I attended the deceased from _____
_____ 1943 to _____ 1944
that I last saw him alive on June 21 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
arterial embolism R leg 24 hr
Due to circular fibrillation 2 yr
Due to Topic Adiposus 2 yr
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations 63
Of autopsy _____

Duration

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) (a) Means of injury _____

23. Signature Clay (M. D. or other) _____
Address 1412 Maryland Date signed 6-22-44

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

JUN 23 1942

Emb App Cert to be filed

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.