No. 2
-1/47
-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE ★ PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 28 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 28176

Registrar's No. 7283

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: 5903 Theodsia Ave.
(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 Mo. (b) County 17

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

(d) Street No. 5903 Theodisia Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Nancy Ann Satterly

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Abb Satterley

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

7. Birth date of deceased Feb. 26, 1872.
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
76	5	24	hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name John C. Thompson
13. Birthplace Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary J. McKrenan
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Maude Alloway
(b) Address 5903 Theodisia Ave.

17. (a) Removed (b) Date thereof Aug. 19/48.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Shawneetown, Ill.

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.

19. (a) AUG 19 1948 (b) J F Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 19
year 1948 hour 1.50 minute A.M. M.

21. I hereby certify that I attended the deceased from 5-18-48, 19..., to AUG 18, 1948
that I last saw her alive on AUG 18, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death chronic myocarditis	
Due to Age	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None

Of autopsy

PHYSICIAN

Underline the cause of 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 J R Davis (M. D. or other) K.D.
Address 1492 Hodiamont Date signed 8/19/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. I.R.Davis,
1492 Hodiamont Ave.,
MU. 4146.

mil

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 Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis, Mo.

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.