

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14743

State File No. ....

3361

APR. 25 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. ....

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>1</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>2239</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>0</b>                                   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>1717 Dolman</b>                                   |  | d. STREET ADDRESS (If rural, give location) <b>23 1717 Dolman</b>  |  |

|   |                           |                         |  |
|---|---------------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Julius</b> | b. (Middle) <b>Sattel</b> | c. (Last) <b>Sattel</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>4/9/52</b> |
|---|---------------------------|-------------------------|--|

|                      |                               |  |                                      |   |                           |                         |                          |                         |
|----------------------|-------------------------------|--|--------------------------------------|---|---------------------------|-------------------------|--------------------------|-------------------------|
| 5. SEX <b>Male 0</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single 0</b> | 8. DATE OF BIRTH <b>Aug. 8, 1889</b> | 9. AGE (In years last birthday) <b>62</b> | IF UNDER 1 YEAR<br>Months | IF UNDER 1 YEAR<br>Days | IF UNDER 1 YEAR<br>Hours | IF UNDER 1 YEAR<br>Min. |
|----------------------|-------------------------------|--|--------------------------------------|---|---------------------------|-------------------------|--------------------------|-------------------------|

|   |  |  |   |
|---|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Huckster</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>---</b> | 11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri 0</b> | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b> |
|---|--|--|---|

|  |  |  |
|--|--|--|
| 13a. FATHER'S NAME <b>Jacob Sattel</b> | 13b. MOTHER'S MAIDEN NAME <b>Elizabeth Hassler</b> | 14. NAME OF HUSBAND OR WIFE <b>---</b> |
|--|--|--|

|  |                                    |  |         |
|--|------------------------------------|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> | 16. SOCIAL SECURITY NO. <b>---</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>William E. Sattel--2622 Ann</b> | ADDRESS |
|--|------------------------------------|--|---------|

|  |  |  |   |
|--|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>3-5-42</b> |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive Heart Dis</b>   |  |   |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.<br>DUE TO (c) |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |   |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|---|

|  |  |   |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|--|--|---|

|  |  |                                       |
|--|--|---------------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <b>HHX</b> |
|--|--|---------------------------------------|

22. I hereby certify that I attended the deceased from **3-4-42** to **4-9-52**, that I last saw the deceased alive on **4-9-52**, and that death occurred at **8:40 a. m.**, from the causes and on the date stated above.

|  |                                   |                                 |
|--|-----------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <b>J. Schust M.D. 0</b> | 23b. ADDRESS <b>1703 S. Grand</b> | 23c. DATE SIGNED <b>4-10-52</b> |
|--|-----------------------------------|---------------------------------|

|  |                          |  |  |
|--|--------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal 4</b> | 24b. DATE <b>4/12/52</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>N. St. Marcus Cem.</b> | 24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Missouri</b> |
|--|--------------------------|--|--|

|   |   |  |                             |
|---|---|--|-----------------------------|
| DATE REC'D BY LOCAL REG. <b>APR 10 1952</b> | REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Wacker-Helders</b> | ADDRESS <b>3634 Gravois</b> |
|---|---|--|-----------------------------|

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Frank J. O'Neil Sr.*  
Licensed Embalmer No. *2675*

P. O. Address *St. Louis*

**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.