

FILED FEB 3 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3712**
Registrar's No. **0681**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | a. STATE Missouri b. COUNTY | |
| c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homier G Phillips Hospital | | d. STREET ADDRESS (If rural, give location) 3146 Sheridan | |

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|-------------------------------------|-------------------------------|--------------------------|---------------------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Benjamin | b. (Middle) W. | c. (Last) Satterfield, M.D. | 4. DATE OF DEATH (Month) (Day) (Year) 1-19-53 |
|-------------------------------------|-------------------------------|--------------------------|---------------------------------------|---|

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| 5. SEX Mal | 6. COLOR OR RACE Cal. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 12-6-96 | 9. AGE (In years last birthday) IF UNDER 1 YEAR 56 | IF UNDER 1 YEAR Months Days Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doctor of Medicine | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Holly Springs, Miss. | 12. CITIZEN OF WHAT COUNTRY? |
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| 13a. FATHER'S NAME Bern Satterfield | 13b. MOTHER'S MAIDEN NAME Cornelia English | 14. NAME OF HUSBAND OR WIFE Helen Satterfield |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) yes W.W. | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT'S SIGNATURE OR NAME Helen Satterfield | ADDRESS |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of the Liver | | Undet. |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death. | | Bleeding Esophageal Varices Cholemia | Undet. |

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| 18a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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 5810 |
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22. I hereby certify that I attended the deceased from **1-8**, 19 **53**, to **1-19**, 19 **53**, that I last saw the deceased alive on **1-19**, 19 **53**, and that death occurred at **3:15 p.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Edward O Williams M.D. | 23b. ADDRESS 2601 N Whittier St | 23c. DATE SIGNED 1-20-53 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 1-23-53 | 24c. NAME OF CEMETERY OR CREMATORY Not Cemetery | 24d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo |
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| DATE REC'D BY LOCAL REG. JAN 21 1953 | REGISTRAR'S SIGNATURE Carl Smith MO | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. P. Richardson Glasgow |
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(Licensed Embalmer's Statement on Reverse Side)

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 *AD Richardson*

Licensed Embalmer No. *2928*

P. O. Address *2625 Glasgow*

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.