

AMENDED FILED Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3389 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT AFFIDAVIT OF

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3389 STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY ---
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 5 mo.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Masonic Home of Mo. Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY ---
 c. CITY OR TOWN St. Louis Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 5070 Winona Ave. Residence on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Ferdinand Joseph Clatus Sattell 4. DATE OF DEATH Month Day Year April 8 1961
 5. SEX M 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 4/7/80 9. AGE (last birthday) 81 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Man 10b. KIND OF BUSINESS OR INDUSTRY Mo Pac R.R. 11. BIRTHPLACE (City and state or country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.
 13a. FATHER'S NAME Charles Sattell 13b. MOTHER'S MAIDEN NAME Elize 14. NAME OF HUSBAND OR WIFE Susan Jane Sattell
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown 16. SOCIAL SECURITY NO. none 17. INFORMANT Masonic Home of Missouri Address Leontine Robertson

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Acute Myocarditis INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
 DUE TO (b) Arteriosclerotic Heart Disease unk
 DUE TO (c) 4200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) ---

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year ---

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) --- 20f. CITY, TOWN, OR LOCATION COUNTY STATE ---

21. I attended the deceased from 11/15/60 to 4/8/61 and last saw ^{him} him alive on 4/8/61
 Death occurred at 7:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harold E. Walters M.D. 22b. ADDRESS 3720 Washington St. Louis 22c. DATE SIGNED 4-9-61

23a. BURIAL, CREMATION, REMOVAL (Specify) removal 23b. DATE 4/11/61 23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis County Mo.

24. FUNERAL DIRECTOR ADDRESS Drehmann-Harral, 1905 Union Blvd. 25. DATE RECD. BY LOCAL REG. APR 10 1961 26. REGISTRAR'S SIGNATURE Roal Smith M.D.

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 _____

Signature of Student Embalmer

Signed

Warren A. Carver

Licensed Embalmer No.

3534

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.