MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8637 STATE FILE NUMBER -62-036669

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED SEP 17 1962

1. PLACE OF DEATH a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS — Length of stay in 1b

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): ALEXIAN BROS. HOSP. — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo b. COUNTY

c. CITY OR TOWN: ST. LOUIS — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location): 2707a ACCOMAC — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First FREDRICK Middle SAETTELE Last

4. DATE OF DEATH: Month SEPT Day 5 Year 1962

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 12-15-1894

9. AGE (last birthday): 67 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED BEER BOTTLER

10b. KIND OF BUSINESS OR INDUSTRY: BUSCH

11. BIRTHPLACE (City and state or country): ST. LOUIS Mo

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: GUS SAETTELE

13b. MOTHER'S MAIDEN NAME: JULIA WELICK

14. NAME OF ~~HUSBAND~~ OR WIFE: MARIE SAETTELE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of servi[redacted]

16. SOCIAL SECURITY NO. [redacted]

17. INFORMANT: MARIE SAETTELE Address: 2707a ACCOMAC

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cirrhosis of liver — INTERVAL BETWEEN ONSET AND DEATH: 2 mon

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Carcinoma of rectum — 2 mon

DUE TO (c): 154X

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 July 5-62, to Sept 5-62 and last saw him alive on 9-5-62

Death occurred at 3:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John D. Seitz MD

22b. ADDRESS: 3739 Grain

22c. DATE SIGNED: 9-6-62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: SEPT 8, 1962

23c. NAME OF CEMETERY OR CREMATORY: S.S. PETER & PAUL CEM.

23d. LOCATION (City, town, or county) (State): ST. LOUIS Mo

24. FUNERAL DIRECTOR: Thomas Kutis ADDRESS: 2906 Gravois

25. DATE RECD. BY LOCAL REG.: SEP 6 1962

26. REGISTRAR'S SIGNATURE: Carl Smith, M.D.

MEDICAL CERTIFICATION

Mr John Lentl
3737 Gravois
11 30 - 1 30 Thursday

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_____ Signed Corley T Thomp Jr
Signature of Student Embalmer

Licensed Embalmer No. 4861

P. O. Address St Louis 19 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.