

REC'D JUN 9 1938

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH
791  
1003

16301

Do not use this space.

4162

## 1. PLACE OF DEATH

 (a) County.....  
 (b) Township.....  
 (c) City St. Louis (d) Street No. 3506 Illinois Av. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Elise Sattel. 340
 (a) Residence, No. 3506 Illinois Av. St. 24  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female,	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carl Sattel,		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>February 3d, 1848</u>		
7. AGE	YEARS 90	MONTHS 3
	DAYS 10	IF LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home.	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
FATHER	13. NAME Unknown	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	
MOTHER	15. MAIDEN NAME Unknown	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	
17. INFORMANT (ADDRESS) Ferd. J. C. Sattell 5064 Tholozan Av.		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Missouri Crematory</u> DATE <u>May 6th, 1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Ziegenhain Bros.</u> 2621-23 Cherokee St.		
20. FILED <u>MAY - 6 1938</u> <u>J. D. Bredeck</u> Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3d, 1938. 1922. I HEREBY CERTIFY, That I attended deceased from May 1st, 1938 to May 7th, 1938
 I last saw her alive on May 3rd, 1938. Death is said to have occurred on the date stated above, at 2.55 p.m.  
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis - and arterio-sclerosis  
treat her for at regular intervals up to her death - Chronic myocarditis

Other contributory causes of importance:

Arterio Sclerosis
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

 If so, specify \_\_\_\_\_  
 (Signed) Thomas W. Schuchert, M. D.  
 (Address) 2610 S Cherokee St.

STATEMENT BY LICENSED EMBALMER

I, D. M. Davis

Licensed Embalmer No. 3741

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by .....  
working under my personal supervision.

....., Registered Apprentice No. ....

Signed D. M. Davis

Licensed Embalmer No. 3741

**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.)**