

6 1938 **RECD OCT 6 1938**
MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33226

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township _____ Primary Registration District No. 200 Registered No. 1466
 (c) City Carsville (d) Street No. Edgar Ave. at 9200 Nat'l. Bridge Rd. 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 6 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Elmer Earnest Saatkamp 325

(a) Residence, No. Edgar Ave. St. Louis County, Mo. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Saatkamp
Son of Mrs. Obermeier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-10-21

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
16 11 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil
 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) 1938 11. Total time (years) spent in this occupation Nil

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Staunton
Illinois

13. NAME Earnest Saatkamp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Staunton
Illinois

15. MAIDEN NAME Marie Lotter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Staunton
Illinois

17. INFORMANT Mrs. Marie Saatkamp Obermeier
 (ADDRESS) Edgar Ave. St. Louis County

18. BURIAL, CREMATION, OR REMOVAL

PLACE Staunton, Ill. DATE Sept. 7 1938

19. FUNERAL DIRECTOR Suedmeyer & Sons
 (ADDRESS) 3934 N. 20th St.

20. FILED SEP 6 1938 DR. Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) About 2 P.M. 9/4/38

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1938, to Sept 4, 1938

I last saw him alive on Aug 22, 1938. Death is said

to have occurred on the date stated above, at 2 0 m.

The principal cause of death and related causes of importance were as follows:

Acute myocarditis
following
Baughnious stryptococ-
cal angina (so-called)

Date of onset
8/17/38

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? no

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? no

If so, specify _____

(Signed) Dr. O. E. Meyer M. D.

(Address) 306 N. Grand Ave
St. Louis Mo

STATEMENT BY LICENSED EMBALMER

I, Geo P Schubert

Licensed Embalmer No.

2212

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

Myself

L. E.

No. _____ or by _____

Registered Apprentice No.

working under my personal supervision.

Signed

Geo P Schubert

Licensed Embalmer No.

2212

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.)