DEC 12 1938

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

37959
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 10286
(c) City St. Louis (d) Street No. 1520 East College Ave 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 340 Loretta C. Saettele
(a) Residence, No. 1520 East College Ave St. 9
(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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 7th 1907
7. AGE: YEARS 31 MONTHS 9 DAYS 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Floor Lady
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): St Louis Missouri 0

FATHER
13. NAME: Joseph Saettele
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Missouri 0

MOTHER
15. MAIDEN NAME: Barbara Dussold
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Missouri 0

17. INFORMANT (ADDRESS): Mrs. Barbara Saettele 1520 East College Ave
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Nov 30th 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Stroot - Carroll 4600 Natural Bridge Ave
20. FILED NOV 28 1938 J F Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 26th 38

22. I HEREBY CERTIFY, That I attended deceased from Nov 17th 1938, to Nov 26th 1938
I last saw her alive on Nov 26th 1938. Death is said to have occurred on the date stated above, at 4 am m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Inflamitory Rheumatism	11-17-38
56A	
Other contributory causes of importance: Endocarditis, acute following inflamatory rheumatism	11-20

Name of operation — Date of —
What test confirmed diagnosis? clinical 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? no
If so, specify
(Signed) G. H. Wilson, M. D.
(Address) 4362 Harneous

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 .....

Registered Apprentice No....., working under my personal supervision.

Signed Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.