S. No. 2
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5-17-39
I X35697

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 13 1943 18

Registration District No. _____ Primary Registration District No. 1003

State File No. 37926

Registrar's No. 10684

1. PLACE OF DEATH:

(a) County St Louis Mo.

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Peoples Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 week (Specify whether

In this community 50 years 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 10

(c) City or town St Louis (If outside city or town limits, write "RURAL")

(d) Street No. 4242 W Labadie (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME GEORGIA TRICE.

3. (b) If veteran, name war No.

3. (c) Social Security No. Nos.

4. Sex 3 Female

5. Color or race Col.

6. (a) ~~Single~~, widowed, ~~married~~, divorced 2

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased April (Month) 20 (Day) 1878 (Year)

8. AGE: Years 70 Months 7 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Alton Ill. (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

FATHER
12. Name Anthony Sattan
13. Birthplace Ill (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Annie Sattan
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Miss Geneva Trice

(b) Address 4242 W Labadie Ave 15

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 6 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Herman Smith

(b) Address 4247 W. Labadie Ave

19. (a) DEC 6 (Date received local registrar) (b) 1943 J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 2 year 1943 hour 8 minute 15 a M.

21. I hereby certify that I attended the deceased from 10/23, 1943 to 12/2, 1943 that I last saw her alive on 12/3, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	6 mo
Due to arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations NONE

Of autopsy NO

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature [signature] (M. D. or other)

Address 8242 W Jefferson Date signed 12/3/43

(Licensed Embalmer's Statement on Reverse Side)

Embalmer separate cert to filed. DEC 6 1943

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.....

Licensed Embalmer No.....

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