

FILED MAY 9 1944  
318

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
601 S. Broadway  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 2 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County \_\_\_\_\_  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 601 SOUTH BROADWAY  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Kay Taulbee Satterlee

3. (b) If veteran, name war No 3. (c) Social Security No. 361-18-4902

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Charles (c) Age of husband or wife if alive 33 years

7. Birth date of deceased Nov. 14 1892  
(Month) (Day) (Year)

8. AGE: Years 51 Months 5 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Irving, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation retired manufacturer

11. Industry or business Chemical

12. Name Charles P. Satterlee

13. Birthplace Irving, Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Taulbee

15. Birthplace Irving, Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Deloris Satterlee

(b) Address St. Louis, Mo.

17. (a) removal (b) Date thereof April 26 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazen Bend, Illinois

18. (a) Signature of funeral director D. W. McLaughlin

(b) Address 2301 Lafayette

19. APR 28 1944 (Date received local registrar) (b) J. S. Borden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26  
year 1944 hour 4 minute 20 P.M.

21. I hereby certify that I attended the deceased from Mar 10, 1944  
19\_\_\_\_ to April 20, 1944

that I last saw him alive on Apr 20, 1944, 19\_\_\_\_;  
and that death occurred on the day and hour stated above.

Immediate cause of death Coronary atherosclerosis Duration 3 yrs  
Chr. nephritis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations none

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature J. R. Northrup (M. D. or other) \_\_\_\_\_  
Address 740 S. 4 Date signed 4/26/44

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

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

100  
17  
9

1968  
3954

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 \_\_\_\_\_  
working under my personal supervision. \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

Signed

*Not embalmed  
less than 12 hours after death*  
L. R. Cooper

Licensed Embalmer No.

3633

P. O. Address

2317 Lafayette

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.