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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 28 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21309
Primary Registration District No. 1003
Registrar's No. 5591

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: 6326 Arthur Ave. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 6326 Arthur Ave. (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 14 0
If yes, name country

3. (a) PRINT FULL NAME Matilda Sattel
3. (b) If veteran, name war
3. (c) Social Security No. 0
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 19, 1884 (Month) (Day) (Year)
8. AGE: Years 63 Months 10 Days 1 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation at home
11. Industry or business
12. Name Lorenz Sattel (FATHER)
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0
14. Maiden name Mary Ehrich (MOTHER)
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Beatrice Sattel
(b) Address 6326 Arthur Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-22-1948 (Month) (Day) (Year)
(c) Place: burial or cremation SS Peter & Paul Cemetery
18. (a) Signature of funeral director Weick Bro. Und. Co.
(b) Address 2201 S. Grand Bl.
19. (a) JUN 21 1948 (Date received local registrar) (b) Jut Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20th year 1948 hour 1 minute 15 A.M.
21. I hereby certify that I attended the deceased from 3/15, 1948, to 6/20, 1948; that I last saw her alive on 6/17, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Carcinoma of Pancreas
Due to not Known — not Known.
Due to
Other conditions none
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

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 Leonia Schlenker M.D. (M. D. or other)
Address 3515 Sixth Grand Date signed 6/21/48

(Licensed Embalmer's Statement on Reverse Side)

3515 S. Hand
2-3 P.M.

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 Donald O. Yahnke

Licensed Embalmer No. 3247

P. O. Address St Louis

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

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