

STANDARD CERTIFICATE OF DEATH

State File No. 11920

No. 300
10-48

FILED JAN 5 1954

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 11920

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, Mo.</i>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <i>St. Louis</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Furman Anstey Hospital</i>		e. STREET ADDRESS (If rural, give location) <i>5420 Cologne.</i>	<i>2029</i>
3. NAME OF DECEASED (Type or Print) a. (First) <i>MARIE</i> b. (Middle) c. (Last) <i>SATTIG</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>12 16 53</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>July 30 1887</i>
9. AGE (In years last birthday) <i>66</i>		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>Missouri</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>MACHINE OPERATOR CURLEE CO</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>FRANK PANSKY</i>		13b. MOTHER'S MAIDEN NAME <i>ANNA MOSNA</i>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <i>489-03-7200</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Margaret Bershek</i> ADDRESS <i>5420 Cologne.</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): <i>Multiple Myeloma</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Thrombocytopenia purpura.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <i>1 yr +</i>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>203X</i>	
22. I hereby certify that I attended the deceased from <i>11/14</i> , 19 <i>53</i> , to <i>12/16</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>12/16</i> , 19 <i>53</i> , and that death occurred at <i>4:30 p.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>F. D. Mohr, M.D.</i> (Degree or title)		23b. ADDRESS <i>1325 S. Grand Blvd.</i>	
23c. DATE SIGNED <i>12/16/53.</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	
24b. DATE <i>DEC. 19 1953</i>		24c. NAME OF CEMETERY OR CREMATORY <i>NEW PICKER CEM.</i>	
24d. LOCATION (City, town, or county) (State) <i>ST. LOUIS, MO</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Mr. Thomas Kutis</i> ADDRESS <i>2906 Harris</i>	
DATE REC'D BY LOCAL REG. <i>DEC 18 1953</i>		REGISTRAR'S SIGNATURE <i>Carl Smith</i>	

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

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, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Samuel E. Dill*

Licensed Embalmer No. *4347*

P. O. Address *2906*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**