

6 1938

REC'D OCT 6 1938

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

33226

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784  
(b) Township \_\_\_\_\_ Primary Registration District No. 200  
(c) City Crossville (d) Street No. Edgar Ave. at 9200 Nat'l. Bridge Rd. St. Registered No. 1466  
(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 6 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elmer Earnest Saatkamp 325

(a) Residence, No. Edgar Ave. St. Louis County, Mo. (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Saatkamp  
Son of Mrs. Cbermeier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-10-21

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
16 11 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil  
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) Nil 11. Total time (years) spent in this occupation Nil

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Staunton  
Illinois13. NAME Earnest Saatkamp14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Staunton  
Illinois15. MAIDEN NAME Marie Lotter16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Staunton  
Illinois17. INFORMANT Mrs. Marie Saatkamp Cbermeier  
(ADDRESS) Edgar Ave. St. Louis County18. BURIAL, CREMATION, OR REMOVAL  
PLACE Staunton, Ill. DATE Sept. 7, 193819. FUNERAL DIRECTOR Suedmeyer & Sons  
(ADDRESS) 3934 N. 20th St.20. FILED SEP 6 1938 DR. Meyer Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) About 2 P.M. 9/4/3822. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1938, to Sept 4, 1938I last saw him alive on Aug 22, 1938. Death is saidto have occurred on the date stated above, at 20 m.

The principal cause of death and related causes of importance were as follows:

Acute myocarditis  
following  
gaugnetous streptococcal  
angina (so called)

Date of onset 8/17/38

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? clinical Was there an autopsy? no23. 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) Dr. C. E. Mendenhall M. D.(Address) 306 N. Grand Ave  
St. Louis Mo

STATEMENT BY LICENSED EMBALMER

I, Geo P Schubert

Licensed Embalmer No.

2212

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

Myself

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

Geo P Schubert

Licensed Embalmer No.

2212

**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.)**