

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

30456  
Do not use this space.

DEC'D OCT 12 1938

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1008  
 (b) Township 1400 So Grand Blvd Primary Registration District No. 7893 Registered No.  
 (c) City St. Louis (d) Street No. 1400 So Grand Blvd St.  
 (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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Charles M. Sabath (SABATH) 126  
 (a) Residence, No. 2620 A California St. 23  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen Sabath

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 10, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
51 8 26

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk  
 9. Industry or business in which work was done, as saw mill, bank, etc. WPA  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Mo

FATHER  
 13. NAME William F. Sabath

14. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Mo

MOTHER  
 15. MAIDEN NAME Rose Marie

16. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Helen Sabath  
2620 A California Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo Crematory DATE 9-7-38

19. FUNERAL DIRECTOR (NAME) Wegmans Mortuaries  
 (ADDRESS) 422 1/2 N. 1st St. St. Louis

20. FILED J. P. Caldwell  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/5/1938

22. I HEREBY CERTIFY, That I attended deceased from 8/5, 1938, to 9/5, 1938  
 I last saw h. l. m. alive on 9/5, 1938. Death is said to have occurred on the date stated above, at 7:51 a.m.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of ascending colon  
Generalized abdominal metastases  
Intestinal obstruction - transient  
Pain, R.U.C. Nausea, vomiting, chills, + fever  
Collapse followed by mild shock  
 Other contributory causes of importance:  
Obesity

Date of onset  
6/27/38  
7/29/38  
8/3/38

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. 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) Wayne O. Sola M. D.  
 (Address) 1025 S. Grand Blvd

SEP - 6 1938

**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

*Edwin A. W. Verma*

Licensed Embalmer No. 3024

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, above space should be left blank.**