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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37201

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 9474

FILED DEC 2 1940

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Little Sisters of Poor.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Years. (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis. 20
(If outside city or town limits, write "RURAL")

(d) Street No. 3225 North Florissant Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Joseph Sabourin.

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Caroline Sabourin.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased September (Month) 7, (Day) 1870 (Year)

8. AGE: Years 70 | Months 2 | Days 11 | If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Laborer Street Car Co.

11. Industry or business In Home 6 yrs.

MOTHER FATHER

12. Name Joseph Sabourin.

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

14. Maiden name Julia Davis.

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

16. (a) Informant Gladys A. Ramsey.

(b) Address 1286 Hodiamont Ave.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 11-20-40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur Donnelly

(b) Address 3840 Lindell

19. (a) NOV 19 1940 (Date received local registrar) (b) J. Roebeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18th. year 1940 hour 1. minute 00 A.M.

21. I hereby certify that I attended the deceased from Oct. 20, 1940 to Nov. 18, 1940 that I last saw him alive on Nov. 17, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Cardiac Valvular Disease	1 Month
Due to	
Due to	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 Anthony A. Biekowsky (M. D. or other) M.D.

Address 1525 a Cass Ave. Date signed 11/19/40

(Licensed Embalmer's Statement on Reverse Side)

Dr Piekarski
1525 a Cassan

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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

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