

59
No. 2
4-2-43
17-39
X3507

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40-125**
Registrar's No. **11743**

FILED JAN 4

Registration District No. **9418**

Primary Registration District No. **1003**

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: **City Hospital**
Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 Days** (Specify whether **Memorial Week**)
In this community **41 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **12**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **915**
(d) Street No. **5128 Cologne** (If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Mr. George Sabol, Sr.**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mrs. Veronica Sabol** 6. (c) Age of husband or wife if alive **55** years
7. Birth date of deceased **August 15th, 1872**
(Month) (Day) (Year)

8. AGE: Years **71** Months **4** Days **9** If less than one day hr. _____ min.

9. Birthplace **Czecho Slovakia** **6**
(City, town, or county) (State or foreign country)

10. Usual occupation **Yard Man**

11. Industry or business **Cooperage Company**

MOTHER FATHER { 12. Name **John Sabol** **6**
13. Birthplace **Czecho Slovakia** **6**
(City, town, or county) (State or foreign country)
14. Maiden name **Barbara Unknown**
15. Birthplace **Czecho Slovakia** **6**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Veronica Sabol**
(b) Address **5128 Cologne**

17. (a) **Burial** (b) Date thereof **Dec. 28, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **New SS. Peter & Paul**

18. (a) Signature of funeral director **Beiderwieden F. H. Inc.**
(b) Address **1936 St. Louis Avenue**

19. (a) **DEC. 27 1943** (b) **J. F. Bredelk**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **24**
year **1943** hour **10** minute **25** P. M.

21. I hereby certify that I attended the deceased from **December**
17. 19 **43** to **December 24.** 19 **43**
that I last saw him alive on **December 24.** 19 **43**
and that death occurred on the date and hour stated above.

Immediate cause of death **lobar pneumonia**

Due to **anticoagulant heart failure**

Due to _____
Other conditions (Include pregnancy within 3 months of death) **108**

PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy **Refused**
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? _____

While at work? (Specify type of place) _____ (e) Manner of injury _____
23. Signature **Frank U. J. ...** D. or other **4-2**
Address **1515 Lafayette Avenue** Date **12/27/43**

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

City Hospital
City Hospital

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.....

[Handwritten Signature]

Licensed Embalmer No. *2727*

P. O. Address *1936 St. Louis*

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, fact should be so stated above.