

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **22682**

FILED JUL 13 1953

BIRTH NO. **124** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **6075** Registrar's No. **233**

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Farmington Rural St. Francois</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Shrewsbury</b>	
c. LENGTH OF STAY (In this place) <b>2Y; 1M; 24d</b>		d. STREET ADDRESS (If rural, give location) <b>7401 Lansdowne</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri State Hospital No. 4</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>HELEN</b>	b. (Middle)	c. (Last) <b>SABATH</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 25, 1953</b>
--	----------------------------	-------------	----------------------------	--

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 9, 1887</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months <b>2</b>	IF UNDER 1 YEAR Days <b>18</b>	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
-------------------------	----------------------------------	--	--	--	------------------------------------	-----------------------------------	--------------------------	-------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
---	-----------------------------------	--	---

13a. FATHER'S NAME <b>Ignata Schindler</b>	13b. MOTHER'S MAIDEN NAME <b>Fredericka</b>	14. NAME OF HUSBAND OR WIFE <b>Charles M. Sabath</b>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Records, State Hospital No. 4, Farmington, Mo.</b>	ADDRESS
--	---	--	---------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Terminal pneumonia</b>		<b>abt. 5 das.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senility and psychosis.</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <b>Fractured left hip (3-10-53).</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>903745</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, in street, office, etc.) <b>Hospital ward.</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Francois St. Francois Mo.</b>
---	---	---

21d. TIME OF INJURY <b>3-10-53 A. M.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Slipped and fell in basement of cottage (hospital).</b>
---	---	--

22. I hereby certify that I attended the deceased from **March 10, 1953**, to **June 25, 1953**, that I last saw the deceased alive on **June 25, 1953** and that death occurred at **5:15A m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>John E. Brennan, M.D.</i>	(Degree or title)	23b. ADDRESS <b>State Hospital No. 4, Farmington, Mo. 6-26-53</b>	23c. DATE SIGNED
--	-------------------	--	------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-27-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Missouri Crematory</b>	24d. LOCATION (City, town, or county) (State) <b>3211 Sublete., St. Louis, Mo.</b>
--	-----------------------------	---	---

DATE REC'D BY LOCAL REG. <b>JUNE 26, 1953</b>	REGISTRAR'S SIGNATURE <i>Ether Rudloff</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser Mortuary, St. Louis, Missouri</b>	ADDRESS <b>4228 KENNEDY Highway</b>
--	---	---	--

(Licensed Embalmers' Statement on Reverse Side)

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

JUL 22 1953

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 \_\_\_\_\_  
Student Embalmer

Signed Edwin A. Gernatt

Licensed Embalmer No. 3024

P. O. Address St. Louis, Mo.

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.