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0.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 4 1955

State File No. **6468**
1144

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

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|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN Richmonds Hts. 4485 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| STREET ADDRESS | | (If rural, give location) 7252 Wise Ave. | |

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|--|--|---|---|--|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) LOUIS b. (Middle) c. (Last) SABO | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 7 1955 | | | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Nov. 4, 1880 | 9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer-City of Richmond Hts., Mo. | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Hungary | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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| 13a. FATHER'S NAME Stephen Sabo | 13b. MOTHER'S MAIDEN NAME Anna Kolonich | 14. NAME OF HUSBAND OR WIFE Mary J. Sabo |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No | 16. SOCIAL SECURITY NO. 493-36-1323 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary J. Sabo 7253 Wise Ave. |

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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 6 mo |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION 1-30-55 | | 19b. MAJOR FINDINGS OF OPERATION Carcinoma of Stomach | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 151X |

22. I hereby certify that I attended the deceased from **JAN. 1954**, to **FEB. 7, 1955**, that I last saw the deceased alive on **FEB. 6, 1955** and that death occurred at **3:10 A.M.**, from the causes and on the date stated above.

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|---|----------------------------------|--|---|
| 23a. SIGNATURE E. H. Bawls | (Degree or title) | 23b. ADDRESS 634 N. Grand | 23c. DATE SIGNED 2-7-55 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE Feb. 9, 1955 | 24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem. | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. |

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| DATE REC'D BY LOCAL REG. FEB 7 1955 | REGISTRAR'S SIGNATURE Carl Smith MD | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl. |
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed.....
Eileen M. G. Bennett

Licensed Embalmer No.. 308

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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