

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

Do not use this space.

11583

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No. 781
City Meris (No. Little Sisters of Poor)

File No.....
Registered No. 2659
St..... Ward)

2. FULL NAME

Chas Sabenski

(a) Residence, No. 3400 So Grand St., 16 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widower

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 1841

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>About</u>	<u>91</u>	<u>—</u>	<u>—</u>	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prussia

13. NAME Rudolph Sabenski

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prussia

15. MAIDEN NAME Emilia Chincors

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prussia

17. INFORMANT Alex Sandan (ADDRESS) 530 21 Union

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Matthews DATE Mar 20 1933

19. UNDERTAKER Cem Trusty Bur Co (ADDRESS) 123 1/2 Main Street

20. FILED: MAR 20 1933 Wm C Starck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 7 1933 to Mar 18 1933
I last saw him alive on Mar 18 1933 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:
Intestinal hepatitis
Chronic
12 1/2 1 1/2

Other contributory causes of importance:
Arterio Sclerosis 1/18/33

Name of operation..... 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?.....
If so, specify.....
(Signed) John H. Brown, M. D.
(Address) 3165 So Grand

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.

31.65 & 2.20