

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

Do not use this space.

21649

File No. 5650
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **100:1**
City St Louis mo (No. _____, Barnes Hospital)

2. FULL NAME

Maurie Sabo
(a) Residence, No. 3000 Summit St. N.R. Ward. St Louis 300
(Usual place of abode) (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis Sabo
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10, 1895
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
5 39 9 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
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) St Louis mo.

13. NAME Barry Blackwell

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

15. MAIDEN NAME Mollie Jackson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenville Ill.

17. INFORMANT Louis Sabo
(ADDRESS) Cast St. Louis, Ill.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cast St. Louis, Ill. DATE June 29, 1935

19. UNDERTAKER C. Thurman
(ADDRESS) Cast St. Louis, Ill.

20. FILED JUL - 1 1935 J. Brebeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-29-1935
22. I HEREBY CERTIFY, That I attended deceased from 6-25-1935 to 6-29-1935
I last saw her alive on 6-29-1935 Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset 6-28-35
Atelectasis of lung
following thyroidectomy
for toxic goiter
Other contributory causes of importance: 666

Name of operation Thyroidectomy Date of 6-28-35
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Dr. E. S. Peterson, M. D.
(Address) Barnes Hospital

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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