

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

Do not use this space.

FEB 11 1936

791

3522

1. PLACE OF DEATH

County..... Registration District No. 1003 File No.....
 Township..... Primary Registration District No. 1003 Registered No. 759
 City St. Louis (No. Alexander Brothers Hosp. St. Ward)

2. FULL NAME

Joseph Sabaitis
 (a) Residence, No. 1900 Belleglade St. 11 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. - mos. - ds. How long in U. S., if of foreign birth 25 yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 18 1889

7. AGE YEARS 47 MONTHS 0 DAYS 1 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cafe Owner
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. leaf
 10. Date deceased last worked at this occupation (month and year) Jan 14 1936 11. Total time (years) spent in this occupation 11

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

MOTHER 13. NAME Peter Sabaitis

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lithuania

MOTHER 15. MAIDEN NAME Elizabeth Wolonyz

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lithuania

17. INFORMANT John Sabaitis (ADDRESS) St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cabony Cemetery DATE Jan 22 1936

19. UNDERTAKER John Haggerty (ADDRESS) Carey Station

20. FILED IN 21 1022 19 (Address) J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 1936 to Jan 19 1936
 I last saw him alive on Jan 18 1936. Death is said to have occurred on the date stated above, at 12:30 m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset

Other contributory causes of importance: Alcoholism

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) J. J. Rygg, M. D.
 (Address) 1875 Cass St

