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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17154

Registration District No. 791 Primary Registration District No. 1603 Registrar's No. 4632

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4948 Claxton Ave. (If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution None (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits write "RURAL") 7

(d) Street No. 4948 Claxton Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Charles A. Saborosch 162

3. (b) If veteran, ~~name war~~ U.S. N. - 5/25/20 - 5/24/22

3. (c) Social Security No. 488-01-3654

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Josephine Junginger

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased June 30 (Month) (Day) 1899 (Year)

8. AGE: Years 40 Months 10 Days 23 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Stock Clerk

11. Industry or business Donovan Iron Co.

FATHER
12. Name John Saborosch
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Louise Geritz
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Josephine Saborosch

(b) Address 4948 Claxton Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27 1940 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director W. A. Stock

(b) Address 2117 E. Grand.

19. (a) MAY 27 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1940 hour 6 minute 0 P.M.

21. I hereby certify that I attended the deceased from Oct. 5 1938, 19 to April 21, 1940 that I last saw him alive on Apr. 21, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Angina Pectoris	1½ yr.
Due to Coronary Sclerosis	
Due to Chronic Parenchymatous nephritis about 2 yr.	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Dr. W. O. Loeseher (M. D. or other) M.D.

Address 4009 A Chouteau Date signed 5/25/25

(Licensed Embalmer's Statement on Reverse Side)

Dr. Loescher
4009a Chouteau
Office Je. 1674
Res. Ri. 3920

— Sat. 1-30 p.m.

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 _____, Registered Apprentice No. _____ working under my personal supervision.

Signed Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Gra

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING., (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.