V. S. No. 2
50M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26010

FILED AUG 15 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7428

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 3225 No. Florissant Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Years (Specify whether years, months or days)

In this community 50 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 3225 No. Florissant Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Fritz Sablotni

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M.

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan. 6, 1864 (Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 0 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

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

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

16. (a) Informant Sister Jeanne
(b) Address 3225 No. Florissant

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3810 Lindell Blvd.

19. (a) AUG 7 1947 (Date received local registrar) (b) J. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 6th year 1947 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from June 6, 1947, to Aug. 6, 1947, that I last saw him alive on Aug. 5, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cr. Myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Hypertension

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause of 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. A. A. Nick (M. D. or other) MD

Address 3901 W. Florissant Date signed 8/7/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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