S. No. 2
I—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 9 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 45455

Registrar's No. 11593

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

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: St. John's Hospital
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Out

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4585 Chouteau Ave. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 18 0

If yes, name country

3. (a) PRINT FULL NAME GEORGE SAAB

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Dora

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Date of Birthday Unknown
(Month) (Day) (Year)

8. AGE: Years About 84 Yrs. | Months | Days | If less than one day hr. min.

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

10. Usual occupation Grocery Store Proprietor

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace ~~Unknown~~ (City, town, or county) Syria 0 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Syria 0 (State or foreign country)

16. (a) Informant Otto Saab
(b) Address 4585 Chouteau Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-47 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) DEC 19 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18 year 1947 hour 7:05 minute A. M.

21. I hereby certify that I attended the deceased from 12-4-47, 19..., to 12-18-47, 19...; that I last saw h. alive on 12-18-47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	2 days
Due to	
Due to	
Other conditions Carcinoma head of pancreas (Include pregnancy within 3 months of death)	?

Major findings:
Of operations

Of autopsy Bronchial Pneumonia Carcinoma head of pancreas

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) 0

While at work? (e) Means of injury

23. Signature E. H. Bowdan (M. D. ~~or other~~) M.D.

Address 634 N. Grand Date signed 12-19-47

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 Richard W. Stoveand

Licensed Embalmer No. 4007

P. O. Address _____

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.