

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

#89798  
FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED DEC 8 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 38595  
10214  
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital - Max C. Starkloff  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days  
3. (a) PRINT FULL NAME GEORGE SABO  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced widower  
6. (b) Name of husband or wife unknown  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased unk.  
(Month) (Day) (Year)

8. AGE: abt - 67  
Years Months Days If less than one day  
hr. min.

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

10. Usual occupation unknown

11. Industry or business \_\_\_\_\_

MOTHER, FATHER { 12. Name Steve Sabo  
13. Birthplace Hungary  
(City, town, or county) (State or foreign country)  
14. Maiden name Asie Komatz  
15. Birthplace Hungary  
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Kello  
(b) Address 2330 McManis

17. (a) BURIAL (b) Date thereof Nov 26 - 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Charles Kello  
(b) Address 432 E. Grand St.

19. (a) Nov 26 1948 (b) J. B. Susata  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street 806 Salisbury  
MEMORIAL (If rural, give location)  
(e) Citizen of foreign country? ? (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov. day 22nd  
year 1948 hour 3 minute 30 A. M.  
21. I hereby certify that I attended the deceased from 11/18/48  
to Nov. 22nd, 1948  
that I last saw him im alive on Nov. 22nd, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Esophagus  
Due to \_\_\_\_\_  
Due to H/O  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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?

While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury \_\_\_\_\_  
23. Signature Alvan Reynolds (b) 11/22/48  
Address 1515 Lafayette Date signed \_\_\_\_\_

*Separate Embalmer Certificate*

**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.....

Licensed Embalmer No.....

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.**