

FILED JUN 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21967**
5401

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		25 9259	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1528 LOCUST				d. STREET ADDRESS (If rural, give location) 1528 LOCUST 0			
3. NAME OF DECEASED (Type or Print) AUGUST		a. (First) _____		b. (Middle) O.		c. (Last) SAMBETH	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JULY 6 1888	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian		10b. KIND OF BUSINESS OR INDUSTRY Elg-walker		11. BIRTHPLACE (State or foreign country) MISSOURI 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME AUGUST SAMBETH			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES I		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LILLIAN CARVERTON 3425 PENNSYLVANIA			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial insufficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease many years DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Weeks	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Head					
22. I hereby certify that I attended the deceased from November 1948 , to June 1950 , that I last saw the deceased alive on June 10, 1950 , and that death occurred at 2:20 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE B. A. Glasberg (Degree or title) M.D.				23b. ADDRESS 4500 Olive St. St. Louis		23c. DATE SIGNED 6/20/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUN 21 1950		24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PK.		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.	
DATE REC'D BY LOCAL REG. JUN 20 1950		REGISTRAR'S SIGNATURE J. B. Basore		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Ruto 2906 Bravis			

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

AUG 4

4500 Olive
210 6575
1 30 PM
7 PM

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Leof Budd*

Signed.....
Student Embalmer

Licensed Embalmer No. *3989*

P. O. Address *St. Louis, Mo*

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.