

FILED NOV 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33261**

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>984</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Greene</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		a. STATE <u>Illinois</u>		b. COUNTY <u>St. Clair</u>	
c. LENGTH OF STAY (in this place) <u>11 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>East St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>8884 Church Lane</u>		<u>8120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VA Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>8884 Church Lane</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>John</u>	b. (Middle) <u>J.</u>	c. (Last) <u>Sabol</u>	a. (Month) <u>November</u>	b. (Day) <u>9</u>	c. (Year) <u>1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 4, 1915</u>	9. AGE (In years last birthday) <u>35</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dry Cleaner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cleaning</u>		11. BIRTHPLACE (State or foreign country) <u>White City, Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Michael Sabol</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Obrin</u>		14. NAME OF HUSBAND OR WIFE <u>Annie Sabol</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>356-10-6498</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VA Hospital Records, Springfield, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive pulmonary hemorrhage</u>					
		ANTECEDENT CAUSES					
		*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Tuberculosis, pulmonary, far advanced</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Oct. 28</u> , 19 <u>50</u> , to <u>Nov. 9</u> , 19 <u>50</u> , that he died on the XXXXXX and that death occurred at <u>10:04P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Paul L. Etsele</u> (Degree or title) <u>Chief</u>				23b. ADDRESS <u>VA Hospital Professional Service Springfield, Missouri</u>		23c. DATE SIGNED <u>Nov. 9, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov 11, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>		24d. LOCATION (City, town, or county) (State) <u>Nokomis, Illinois</u>	
DATE REC'D BY LOCAL REG. <u>11/10/50</u>		REGISTRAR'S SIGNATURE <u>W.E. Handley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schmege, Springfield, Mo.</u> ADDRESS <u>Beu</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Carl J. Glenn

Licensed Embalmer No. *4707*

P. O. Address *Springfield, 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.