

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-030918

STATE FILE NUMBER

8132

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8132

FILED AUG 28 1958

1. PLACE OF DEATH a. COUNTY <u>St. John Hoop</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Missouri</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. John Hoop</u>		Length of stay in lb <u>3 wks 20/90</u>	d. STREET ADDRESS (If outside, give location) <u>6712 Morganford Rd.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>SABBATH</u> Last <u>SABBATH</u>			4. DATE OF DEATH Month <u>August</u> Day <u>19</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 26, 1911</u>	9. AGE (In years last birthday) <u>46</u> IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Liquor</u>	11. BIRTHPLACE (City and state or country) <u>U.S.S.R. 6</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Isaih Sabbath</u>		13b. MOTHER'S MAIDEN NAME <u>Eli, abeth</u>		14. NAME OF HUSBAND OR WIFE <u>Maurice- Maurine</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes W.W. -2</u>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Maurice Maurine 6712 Morganford Rd.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>420.1</u>					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		20g. COUNTY STATE	
21. I attended the deceased from <u>1951</u> to <u>19 Aug 58</u> and last saw her/him alive on <u>Aug 19 58</u> Death occurred at <u>10:00 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Shawmiller MD</u> (Degree or title)			22b. ADDRESS <u>405 Humboldt</u>		22c. DATE SIGNED <u>Aug 20</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>8/21/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive CEMETERY</u>		23d. LOCATION (City, town, or county) (Specify) <u>University City Missouri</u>
24. FUNERAL DIRECTOR <u>Berger Memorial</u> ADDRESS <u>4715 McPherson Ave.</u>			25. DATE RECD. BY LOCAL REG. <u>AUG 21 58</u>		26. REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u> L.P.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Corrected by  
affidavit 9/23/58

Doctor, coroner, etc. must use only standard manufacturer ink item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 .....  
Signature of Student Embalmer

Signed  .....

Licensed Embalmer No. 2988 .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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