Health, Welfare Public Service

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1-56

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034656
STATE FILE NUMBER

FILED SEP 22 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8829

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|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE ILLINOIS b. COUNTY MADISON |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS — Inside Limits Yes ☐ No ☐ | c. CITY OR TOWN GRANITE CITY — Inside Limits Yes ☐ No ☐ |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JEWISH HOSPITAL — Length of stay in Hospital 3 DAYS | d. STREET ADDRESS (If outside, give location) 2924 EDGEWOOD DR. — Reside on Farm Yes ☐ No ☐ |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) | First PAUL | Middle | Last SABO | 4. DATE OF DEATH | Month 9 Day 12 Year 1958 |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ | 8. DATE OF BIRTH 3-27-1891 | 9. AGE (In years last birthday) 67 | IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED | 10b. KIND OF BUSINESS OR INDUSTRY PAINTER | 11. BIRTHPLACE (City and state or country) HUNGARY | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13. FATHER'S NAME UNKNOWN | | 14. MOTHER'S MAIDEN NAME UNKNOWN | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. 355-01-1110 | 17. INFORMANT Paul W. Sabo | Address 631 W. 47 St. East St. Louis, Ill. | |

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Hypertensive Cardiovascular Disease — several years

DUE TO (c) Acute gastroenteritis — 3 weeks

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Nephrosclerosis 442.x

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Apr 28 1958 to Sept 11 1958 and last saw ~~her~~ him alive on Sept 11 1958. Death occurred at 12:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. F. Ranfa MD (Degree or title) — 22b. ADDRESS 539 N. Grand — 22c. DATE SIGNED 9-12-58

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL — 23b. DATE 9-12-1958 — 23c. NAME OF CEMETERY OR CREMATORY CALVARY — 23d. LOCATION (City, town, or county) (State) EDWARDSVILLE, ILLINOIS

24. FUNERAL DIRECTOR Frank Mercer — ADDRESS Granite City, Ill — 25. DATE RECD. BY LOCAL REG. SEP 12 '58 — 26. REGISTRAR'S SIGNATURE Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Charles E M

Licensed Embalmer No. 2

P. O. Address Granite C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.