

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-013138  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED FILED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3358**

APR 6 1962

VS 300	DATE AMENDED	INSTEAD OF	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DOCUMENT	BY AFFIDAVIT OF Funeral Director
Rev. 4/59					
1					
2 <i>2059</i>					
3					
4 <i>0</i>					
5 <i>1</i>					
6					
7 <i>2</i>					
8 <i>1</i>					
9					
10					
11					
12 <i>64-0</i>					
13					
<i>64</i>					
USE BLACK INK OR TYPEWRITER RIBBON	SHOULD READ	8/12/62	8/5/84 & Echernuerth	8/25/84 & Ehrenwerth	

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		a. STATE <b>Missouri</b> b. COUNTY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>		c. CITY OR TOWN <b>St. Louis</b> d. STREET ADDRESS (If outside, give location) <b>5617 Enright Ave</b>	
3. NAME OF DECEASED (Type or print) First <b>DAGOBERT</b> Middle <b>SABATZKY</b> Last <b>SABATZKY</b>		4. DATE OF DEATH <b>MARCH 28th, 1962</b> Month <b>March</b> Day <b>28th</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/25/84</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Assistant</b>	9b. KIND OF BUSINESS OR INDUSTRY <b>City Art Museum</b>	9c. BIRTHPLACE (City and state or country) <b>Stolp Germany</b>	9d. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
10a. FATHER'S NAME <b>Jacob Sabatzky</b>		10b. MOTHER'S MAIDEN NAME <b>Echernuerth, Jennie</b>	
11. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Unk.</b>		12. SOCIAL SECURITY NO. <b>Unk.</b>	
13. NAME OF HUSBAND OR WIFE <b>Irma M. Sabatzky</b>		14. INFORMANT <b>Mrs. I.M. Sabatzky</b>	
15. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b>	
DUE TO (b) <b>420.0</b>			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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 <b>11 p</b> Month, Day, Year <b>3.28.62</b>	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 <b>St. Louis</b> COUNTY <b>St. Louis</b> STATE <b>Missouri</b>
21. I attended the deceased from <b>1952</b> to <b>3.28.62</b> and last saw <sup>her</sup> him alive on <b>2.12.62</b>		Death occurred at <b>11 p</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>Frank H. Schiefel</b> (Degree or title)		22b. ADDRESS <b>216 So. Kingsleyway</b>	22c. DATE SIGNED <b>3.29.62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>3/30/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>United Hebrew Temple Cem.</b>	23d. LOCATION (City, town, or county) <b>St. Louis, Missouri</b> (State)
24. FUNERAL DIRECTOR <b>HERMAN RINDSKOPF INC. 5216 DELMAR</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>MAR 29 1962</b>	26. REGISTRAR'S SIGNATURE <b>Roald Smith, M.D.</b>

**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 John Kettle  
Licensed Embalmer No. 3880

P. O. Address St. Louis

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.

Vertical text on the right edge of the page, including a date stamp: APR 10 1964