

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH 0008618

Registration District No. 64318 Primary Registration District No. 1003 Registrar's No. 1659 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1

2 0925

3

4 0

5 0

6

7 0

8 1

9

10

11

12 81-0

13

USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
SHOULD READ  
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Mo. b. COUNTY St. Charles (Commission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 2 days	c. CITY OR TOWN Wentzville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 624 Ball
3. NAME OF DECEASED (Type or print) First Middle Last HERBERT LEWIS SOBOLEWSKI			4. DATE OF DEATH Month Day Year February 15, 1964
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/22/1914
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Missouri State Patrol		10b. KIND OF BUSINESS OR INDUSTRY Police	9. AGE (last birthday) 50
11. BIRTHPLACE (City and state or country) St. Louis Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Edward F. Sobolewski		13b. MOTHER'S MAIDEN NAME Margaret Bentz	
14. NAME OF HUSBAND OR WIFE Miss Margaret Sobolewski		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 38		17. INFORMANT 7101 Wise, St. Louis 17, Mo. Miss Margaret Sobolewski	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SUBARACHNOID HEMORRHAGE CEREBRAL P.S. 330 x Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 2 WKS 1 YR.
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 a.m. p.m. Month, Day, Year	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 COUNTY STATE
21. I attended the deceased from 2/13/64 to 2/15/64 and last saw him alive on 2/15/64 Death occurred at 7:23 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Wm. A. T. J. M. M.		22b. ADDRESS 3720 WASHINGTON	
22c. DATE SIGNED 2/17/64		22d. CITY, TOWN, OR COUNTY STATE St. Louis County, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/17/1964	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
24. FUNERAL DIRECTOR ADDRESS F. E. Pitman Funeral Home 909 Pitman Ave. Wentzville, Mo.		25. DATE RECD. BY LOCAL REG. FEB 17 1964	26. REGISTRAR'S SIGNATURE Roald Smith. M.D.

3108000

03 70 11 39

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 Carlton J. Pitman

Licensed Embalmer No. 4974

P. O. Address Wentzville

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.