MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

43152

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 12458

City St Louis (No. ..... St. ..... Ward)

2. FULL NAME Joseph Zachari

(a) Residence No. 2222a Co 11 St., 23 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Eva Zachari

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 24 - 1887

7. AGE: Years 41 | Months 10 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ungarn

PARENTS

10. NAME OF FATHER: Joseph Zachari
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ungarn
12. MAIDEN NAME OF MOTHER: not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ungarn

14. INFORMANT: Eva Zachari
(Address) 2222a So 11th St.

15. FILED DEC 21 1928, 19 Max C Starker Registrar

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 20 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 20 - 1928, to Dec 20 - 1928 that I last saw him alive on Dec - 20 - 1928, and that death occurred, on the date stated above, at 7 30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis - Pulmonary and Tubercular Peronitis
234
25 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 31 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? don't know

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Louis F. Murray, M. D

, 19 (Address) 1831 S. 9th St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St. Peter & Paul | DATE OF BURIAL: Dec 22 1928

20. UNDERTAKER: Arender U Co | ADDRESS: 1718 S 9th St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.