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.

REC'D APR 8 1938

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

Do not use this space.

File No. 12136

Registered No. 530

1. PLACE OF DEATH

County St. Louis — Registration District No. 784

Township Bonhomme — Primary Registration District No. 200

City ..... (No. Manchester Nursing Home St. ..... Ward)

2. FULL NAME Henry John Zickert 2 6 3

(a) Residence, No. 1422 Ruth Avenue St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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 Elizabeth F. Zickert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1854

7. AGE: Years 83 — Months 9 — Days 7 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Silk Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Watertown, Jefferson Co. (STATE OR COUNTRY) Wisconsin

FATHER

13. NAME John Zickert

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Henrietta Prutow

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Alsace Loraine

17. INFORMANT Elizabeth Zickert (ADDRESS) 1422 Ruth Ave., Brentwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory DATE March 23, 1938

19. UNDERTAKER Jay B. Smith Funeral Home (ADDRESS) 7456 Manchester Ave. Maplewood, Mo.

20. FILED 3-22, 1938 T. R. Meyer M.D. D.P.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 28, 1937, to March 21, 1938

I last saw him alive on March 21, 1938. Death is said to have occurred on the date stated above, at 7:00 P m.

The principal cause of death and related causes of importance were as follows:

Bilateral Bronchopneumonia — Date of onset 3-20-38

A3C

Other contributory causes of importance:

Chronic myocarditis

Senility

Arteriosclerosis

Name of operation none Date of —

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury home

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) B. R. Loring, M. D.

(Address) Ballwin, Mo.

STATEMENT BY LICENSED EMBALMER

I, ...Howard A. Rowland.....Licensed Embalmer No.....3114.....

hereby certify that the body recorded on the reverse side of this certificate

was embalmerd by..myself.....L.E.....

No.....or by.....

Registered Apprenticed No.....working under my personal

supervision.

Signed.....Howard A. Rowland.....

Licensed Embalmer No.....3114.....