

NOV 13 1939
Registration District No. 791

Primary Registration District No. _____

Registrar's No. 8487

1. PLACE OF DEATH:

(a) County 1003 2
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5032 Dewey
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
years, months or days) 35 years

3. (a) PRINT FULL NAME Habbah Zackria 2603. (b) If veteran,
name war _____3. (c) Social Security
No. 486-16-02184. Sex M 5. Color or
race W6. (b) Name of husband or wife
James Jammillie Zachria6. (a) Single, widowed, married,
divorced Married6. (c) Age of husband or wife if
alive 44 years7. Birth date of deceased Unknown
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
About 45 hr. min.9. Birthplace Syria
(City, town, or county) (State or foreign country)10. Usual occupation Laborer11. Industry or business P. & W. A. 712. Name Zachria 713. Birthplace Syria 7
(City, town, or county) (State or foreign country)14. Maiden name Doily 715. Birthplace Syria 7
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Jammillie Zachria(b) Address 5032 Dewey17. (a) Burial (b) Date thereof Oct. 4, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New St. Peter + Paul18. (a) Signature of funeral director Jay B. Smith(b) Address 7456 Manchester19. (a) OCT 3 1939 (b) J. B. Smith
(Date received local health officer's certificate) (Signature of health officer)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")
(d) Street No. 5032 Dewey
(If rural, give location)
(e) ~~Foreign born, how long in U. S. A.~~ 35 years years.

20. DATE OF DEATH: Month Oct. day 1.
year 1939 hour 4 minute 00 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____
Of autopsy See above PHYSICIAN _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) Means of injury _____
23. Signature W. H. Perry (M. D. or other) _____
Address 10-3-39 Date signed 10-3-39

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.....

..... Registered Apprentice No.....
working under my personal supervision.

Signed..... *J. A. Burgess*

Licensed Embalmer No. *4029*

P. O. Address..... *Maplewood*

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 this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

33949
Do not use this space.

Registered No. 8487

1. PLACE OF DEATH

(a) County..... Registration District No. 791
(b) Township..... Primary Registration District No. 1003
(c) City St Louis (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Habbah Zakaria

(a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) . 19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Jammillia Zakaria

22. I HEREBY CERTIFY, That I attended deceased from 19

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

I last saw h..... alive on, 19..... Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

to have occurred on the date stated above, at..... m.

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance:

FATHER 13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

MOTHER 15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

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.

17. INFORMANT (ADDRESS) Jammillia Zakaria

Manner of injury.....

Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Alfred J. Perry, M. D.

(Address) Deputy Coroner

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 17/15/39 J. E. Bradock Local Registrar.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

