No. 2
11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19612

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 941

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1560 Wellston Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No. 1560 Wellston Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mary Ann Zika
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Zika
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased October (Month) 24 (Day) 1869 (Year)

8. AGE: Years 71 Months 6 Days 19 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housework
11. Industry or business At Home
FATHER
12. Name John Moorley
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Dillon
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Anna Ostendorf
(b) Address 1560 Wellston Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation St. Ferdinand Cem.
18. (a) Signature of funeral director Chas. F. Stuart
(b) Address 1235 Union Blvd.
19. (a) MAY 15 1940 (Date received by local registrar) (b) C. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1940 hour 11:23 minute P. M.
21. I hereby certify that I attended the deceased from Apr. 2-40, 19..., to May 13, 1940; that I last saw her alive on May 13-40, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis — Duration
Due to
Due to 93C
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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? 707 (Specify type of place)
While at work? (e) Means of injury
23. Signature H. D. Hawker (M. D. or other)
Address 1506 Hodiamont Date signed

(Licensed Embalmer's Statement on Reverse Side)

1506 Hodiamont

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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