

Registration District No. 425

Primary Registration District No. 5580

State File No. _____

Registrar's No. 4-49

1. PLACE OF DEATH:

(a) County JEFFERSON
 (b) City or town RURAL — MERAMEC MO
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
ST. JOSEPH'S HILL INFIRMARY
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 30 DAYS
(Specify whether
 In this community 30 DAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
 (c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
 (d) Street No. 3123 GURNEY ST.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME

FRANK JOSEPH ZIKA

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced DIVORCED
 6. (b) Name of husband or wife ANNA RINESH 6. (c) Age of husband or wife if alive 20 — 1891
 7. Birth date of deceased 9 20 1891
(Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation POSTAL CLERK, RETIRED

11. Industry or business U.S. POST OFFICE

12. Name JOHN ZIKA

13. Birthplace BOHEMIA
(City, town, or county) (State or foreign country)

14. Maiden name ANNA RINESH

15. Birthplace BOHEMIA
(City, town, or county) (State or foreign country)

16. (a) Informant Brother Bonaventura

(b) Address St. Joseph's Hill Infirmary

17. (a) Burial (b) Date thereof 11 16 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter Paul Cem.

18. (a) Signature of funeral director Shoemaker

(b) Address 2906 Gravois Ave

19. (a) 2 Nov 1940 (b) James A. Goussard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day SECOND
 year 1940 hour NINE minute 50 P.M.

21. I hereby certify that I attended the deceased from OCTOBER 5, 1940 to NOVEMBER 2, 1940

that I last saw him alive on NOVEMBER 2, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death BRONCHO-PNEUMONIA

Duration

Due to _____

Due to _____

Other conditions 107W
(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? _____

386 While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature James S. Sargent (M. D. or other) _____

Address Bureau, Mo Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 6 1950

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.....

Leo Budd

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Leo Budd

Licensed Embalmer No.....

3989

P. O. Address.....

St. Louis, Mo.

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, fact should be so stated above.