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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 6 1941

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19399

Primary Registration District No. 20

Registrar's No. 1110

1. PLACE OF DEATH:

(a) County: ST LOUIS

(b) City or town: WHEATON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 8264 BRENNER /
(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: MISSOURI (b) County: .....

(c) City or town: WHEATON
(If outside city or town limits, write "RURAL")

(d) Street No.: 8264 BRENNER AVE
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: GLORIA A. ZYKAN

3. (b) If veteran, name war: NONE

3. (c) Social Security No.: NONE

4. Sex: FEMALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: SINGLE

6. (b) Name of husband or wife: .....

6. (c) Age of husband or wife if alive: ..... years

7. Birth date of deceased: FEB (Month) 5 (Day) 1937 (Year)

8. AGE: Years 4 Months 3 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace: UINTA PARK (City, town, or county) MO (State or foreign country)

10. Usual occupation: NIL

11. Industry or business: NIL

FATHER
12. Name: FRANK F. ZYKAN
13. Birthplace: MARTINSBURG (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name: FRIEDA GRAFF
15. Birthplace: FERGUSON (City, town, or county) MO (State or foreign country)

16. (a) Informant: Frank F. Zykan
(b) Address: 8264 Brenner

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 5-26-41 (Month) (Day) (Year)
(c) Place: burial or cremation: LAKE CHARLES CEM.

18. (a) Signature of funeral director: BAUMANN BROTHERS
(b) Address: OVERLAND, MO

19. (a) MAY 26 1941 (Date received local registrar) (b) R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1941 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 20, 1941 to May 23, 1941; that I last saw her alive on May 23, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Bronchopneumonia — Duration: Since 4/28/41

Due to: pneumonia

Due to: 107

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? .....
While at work? ..... (Specify type of place) (e) Means of injury: .....

23. Signature: John O. Burrell (M. D. or other)
Address: Overland Mo. Date signed: 5/24/41

(Licensed Embalmer's Statement on Reverse Side)

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 Oscar L. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Mo.

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, fact should be so stated above.