

FILED MAY 13 1942 791

Registration District No.

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3735 A. N. 21 St S. r  
(If not in hospital or institution, write street number of location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 600  
(c) City or town St Louis 2617  
(If outside city or town limits, write "RURAL") 4  
(d) Street No. 3735 A, N, 21 st str  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day 1  
year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from April 25, 1942 to April 30, 1942

that I last saw him alive on April 30, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to \_\_\_\_\_

Due to 108

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)  
\_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature Carl P. Blum (M. D. or other) \_\_\_\_\_

Address 4142 N. Grand Date signed 5/1/42

3. (a) PRINT FULL NAME Victor J. Zernovacz

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 492-10-2297

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Anna Zernovacz 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased. Sept 5 Th 1886  
(Month) (Day) (Year)

8. AGE: Years 55 Months 7 Days 25 If less than one day \_\_\_\_\_ hr. 1 min.

9. Birthplace Austria Hungaria  
(City, town, or county) (State or foreign country)

10. Usual occupation Stove Moulder

11. Industry or business Liberty Foundry Co

12. Name John Zernovaz

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

14. Maiden name Mary Gubies

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

16. (a) Informant Anna Zernovaz

(b) Address 3735 A N, 21 St Str 1942

17. (a) Burial (b) Date thereof May 4 Th  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edward Koch

(b) Address 3516 N 14 Th Str

19. (a) MAY 1 1942 (b) J. F. Busch  
(Date received local registration) (Registrar's signature)

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

2-13

**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

*Harry J. Schumacher*

Licensed Embalmer No.

*2679*

P. O. Address

*732 Lomaxburg Rd.*

**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.**