

FILED FEB 19 1944  
Registration District No. **377**

Primary Registration District No. **3069**

Registrar's No. **367**

**1. PLACE OF DEATH:**  
 (a) County **St. Louis**  
 (b) City or town **Richmond Heights**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **St. Mary's Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **10-days**  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Mo.** (b) County **000**  
 (c) City or town **St. Louis** **17**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **6229 Southwood Ave.** **9**  
(If rural, give location)  
 (e) Citizen of foreign country? **1** (Yes or No)  
 If yes, name country **1**

**3. (a) PRINT FULL NAME** **Elizabeth F. Zika**  
 (b) If veteran, name war **None**  
 (c) Social Security No. **None**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Feb.** day **9th.**  
 year **1944** hour **9** minute **25** **A.M.**

4. Sex **F.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **W. 1/2**  
 6. (b) Name of husband or wife **Adolph Zika** 6. (c) Age of husband or wife if alive **years**  
 7. Birth date of deceased **Oct. 4th., 1868**  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** **Sept. 1931**  
**1931**, to **Feb 9**, 19**44**  
 that I last saw **her** alive on **Feb 8**, 19**44**  
 and that death occurred on the date and hour stated above.

**8. AGE:** Years **75** Months **4** Days **5** If less than one day **hr. min.**

Immediate cause of death **Uremia**  
**Cardiovascular**  
**Disease & Hypertension**  
 Due to **Hypertension Right**  
 Due to **Uremia**  
 Other conditions **None**  
(Include pregnancy within 3 months of death)

9. Birthplace **St. Louis** **Mo. 0**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation **At Home**

**11. Industry or business**  
 12. Name **Constantine Runder**  
 13. Birthplace **unknown** **Alsace Loraine**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Catherine Powers**  
 15. Birthplace **unknown** **Ireland 4**  
(City, town, or county) (State or foreign country)

**Major findings:**  
 Of operations **None**  
 Of autopsy **above 5ra**  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Miss Severine Zika**  
 (b) Address **6229 Southwood Ave.**  
 17. (a) **Burial** (b) Date thereof **2-12-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Calvary**  
 18. (a) Signature of funeral director **Arthur J. Houelle**  
 (b) Address **3840 Lindell Blvd.**  
 19. (a) **FEB 14 1944** (b) **E. G. ...**  
(Date received local health office) (Registrar's signature)

**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 **James J. ...** (M. D. or other)  
 Address **204 Mo ...** Date signed **2/10/44**

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

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MAR 2 9 1944

Dr. J.P. Wende  
910 Riverside Bldg

**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 William Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

**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.**