V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1945

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8423

Primary Registration District No. 1003

Registrar's No. 2160

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 Barnes Hospital 6 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days (Specify whether years, months or days)
In this community 64 years

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17
(c) City or town St. Louis 9 (If outside city or town limits, write "RURAL")
(d) Street No. 2169 College (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country No.

3. (a) PRINT FULL NAME Herman William Zahn
3. (b) If veteran, name war No
3. (c) Social Security No. 486-16-0212
4. Sex Male 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Agnes Zahn
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased August 27, 1880 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	6	6	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 1 (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Sterling Box Company

FATHER
12. Name Unk. Zahn
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Agnes Zahn
(b) Address 2169 Coblege Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 7, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery
18. (a) Signature of funeral director Suedmeyer & Sons
(b) Address 3934 N. 20th. St.
19. (a) MAR 6 1945 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd year 1945 hour 7 minute 40 P. M.
21. I hereby certify that I attended the deceased from February 15th 1945 to March 3rd 1945 that I last saw him alive on March 3rd 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy None obtained

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

23. Signature J R Bradley (M. D.)
Address Barnes Hospital Date signed 3/4/45

(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 Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address 5934 Alpha

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.