

No. 2  
M-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39262**

**FILED DEC 9 1946**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10282**

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:  
4127 Farlin Ave.  
(If not in hospital or institution, write street number or 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 Missouri (b) County 000

(c) City or town St. Louis 1017  
(If outside city or town limits, write "RURAL")

(d) Street No. 4127 Farlin Ave. 9  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles A. Zacharias Sr.

3. (b) If veteran, name war  3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Alvena 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 29, 1855  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

91	10	1	_____ hr. _____ min.
----	----	---	----------------------

9. Birthplace Lockport N. Y.  
(City, town, or county) (State or foreign country)

10. Usual occupation Sta. Engineer

11. Industry or business Unemployed

MOTHER FATHER

12. Name Levi Zacharias

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles A. Zacharias Jr.

(b) Address 4127 Farlin Ave.

17. (a) Burial (b) Date thereof 12/3/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Annast Int. Co.

(b) Address 3710 N. Grand Blvd.

19. (a) DEC 2 1946 (b) J. F. Bredack  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 30  
year 1946 hour 11 minute 00 AM

21. I hereby certify that I attended the deceased from 2-6-1946 to 11-30-1946  
that I last saw him alive on 11-29-1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 day

Due to Coronary Sclerosis 2 yrs.

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

Other conditions (include pregnancy within 3 months of death) 94

PHYSICIAN

Major findings: Of operations no

Of autopsy no

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 91

23. Signature Alexander J. Koltko (M. D. or other) \_\_\_\_\_  
Address 462 N. Taylor St. Louis, Mo. Date signed 12-2-46

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

*L. A. J. Kitcher's  
H. M. Taylor & Sons  
1 - 8:30 - Monday*

**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..... *W E Morris* .....

Licensed Embalmer No. *3360* .....

P. O. Address.....

**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.**