S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 3326

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 562

**1. PLACE OF DEATH:**

(a) County St. Louis
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital 3 (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 Enroute to Hospital

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 2617
(d) Street No. 2104 N. 9th St. (If rural, give location) 9
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Howard D. Ziy
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive none years
7. Birth date of deceased September 8 1946 (Month) (Day) (Year)

8. AGE: Years 0 | Months ~~3~~ 4 | Days 9 | If less than one day ____ hr. ____ min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation none
11. Industry or business ____

FATHER
12. Name Miles ~~Zay~~ Ziy
13. Birthplace Parma (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary B. Sipes
15. Birthplace Maldon (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mary Ziy
(b) Address 2104 A North 9th St.
17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof 1 18 47 (Month) (Day) (Year)
(c) Place: burial or cremation Rosco Mo.
18. (a) Signature of funeral director J. Quinn
(b) Address 1389 Union Blvd.
19. (a) JAN 17 1947 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 17 year 1947 hour 6:30 minute A M.
21. I hereby certify that I attended the deceased from Jan 16, 1947, to Jan 16, 1947; that I last saw him alive on Jan 16, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Ac Infectious diarrhea
Due to: Dehydration, Infection and malnutrition
Due to ____
Other conditions ____ (Include pregnancy within 3 months of death)
Major findings: Of operations ____
Of autopsy ____

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

119a

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 Samuel Wayz (M. D. or other) Mo.
Address 2906 N. Union Date signed 1/17/47

(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 Ronald Yahnke.

Licensed Embalmer No. 3917

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.**