No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15823

FILED MAY 18 1947

Registrar's District No.

Primary Registration District No. 1003

Registrar's No. 4367

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution: 8mos 16das. (Specify whether
In this community: 57years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County:
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 5400 Arsenal St (If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: AUGUST ZURCHER
3. (b) If veteran, name war: NO
3. (c) Social Security No.: NO
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: November (Month) 5 (Day) 1889 (Year)

8. AGE: Years 57 | Months 5 | Days 23 | If less than one day hr. min.

9. Birthplace: St. Louis Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: John Zurcher
FATHER
12. Name:
13. Birthplace: Germany (City, town, or country) (State or foreign country)
MOTHER
14. Maiden name: Emma BORSCH
15. Birthplace: Switzerland (City, town, or county) (State or foreign country)
16. (a) Informant: Helma Zingler
(b) Address: 5400 Arsenal
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 5-1-47 (Month) (Day) (Year)
(c) Place: burial or cremation: ST. PETERS CEM.
18. (a) Signature of funeral director: SUEDMEYER'S SONS
(b) Address: 3934 N. 20TH ST.
19. (a) APR 2 0 1947 (Date received local registrar) (b) J. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 1947 hour 4.12 minute A M.
21. I hereby certify that I attended the deceased from Aug 12 1946, to April 28 1947, that I last saw him alive on April 28 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broncho-Pneumonia confluent bilateral	10 ds.
Due to: Encephalomalacia, right frontal lobe & corpus callosum	
Due to: Post operative	10 ds.
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy: Yes.

PHYSICIAN
Underline the cause of 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: (M. D. or other)
Address: City Sanitarium Date signed 4/28

Jefferson City Printing Co.

(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 me

, Registered Apprentice No.

working under my personal supervision.

Signed R. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3934 N 20 St

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.