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 SEP 29 1947

Registration District No. 3717

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

33205

State File No. 2

Registrar's No. 1968

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis County Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 Min. (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Florissant 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route # 1 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Emma P. Zykan

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John M. Zykan

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Sept. (Month) 18 (Day) 1891 (Year)

8. AGE: Years 56 Months 1 Days 6 If less than one day ___ hr. ___ min.

9. Birthplace Black Jack (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Frank Graff
13. Birthplace Black Jack, Missouri (City, town, or county) (State or foreign country) 0

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

16. (a) Informant John M. Zykan

(b) Address Florissant, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 18, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Salem Luthern Cemetery

18. (a) Signature of funeral director White Funeral Home

(b) Address Ferguson, Missouri

19. (a) 9-19-47 (Date received local registrar) (b) Berta J. Shaffer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16
year 1947 hour 9 minute 55P M.

21. I hereby certify that I attended the deceased from ___, 19___, to ___, 19___;
that I last saw h___ alive on ___, 19___;
and that death occurred on the date and hour stated above.

Immediate cause of death self-administered solution containing carbolic acid

Due to

Due to 163 F

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Duration

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) Suicide

(b) Date of occurrence Sept. 15, 1947

(c) Where did injury occur? Florissant, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
At home. (Specify type of place)

While at work? (e) Means of injury Poison

23. Signature Arnold J. Willmann Coroner

Address Clayton, Mo. Date signed 9/17/47

(Licensed Embalmer's Statement on Reverse Side)

OCT 2 1967

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 L. M. Schulte

Licensed Embalmer No. 3973

P. O. Address Ferguson Mo.

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.