No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 28 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7230

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1678

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: ST. LUKE'S HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community 2 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 90

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

(d) Street No. — 0
(If rural, give location)

(e) Citizen of foreign country? N.R. NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME CHARLEY ZIGAS

3. (b) If veteran, name war —

3. (c) Social Security No. NONE

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife JOSEPHINE ZIGAS

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased MARCH (Month) 4 (Day) 1875 (Year)

8. AGE: Years 72 Months 11 Days 13 If less than one day hr. min.

9. Birthplace — (City, town, or county) LITHUANIA 8 (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace — (City, town, or county) LITHUANIA 8 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace — (City, town, or county) LITHUANIA 8 (State or foreign country)

16. (a) Informant MICHAEL ZIGAS
(b) Address 775 MILDRED AVE

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof FEB 18-1948 (Month) (Day) (Year)
(c) Place: burial or cremation CORRIDON, MISSOURI

18. (a) Signature of funeral director A.W. McLAUGHLIN
(b) Address 2301 LAFAYETTE

19. (a) FEB 18 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17
year 1948 hour 9 minute 30 a M.

21. I hereby certify that I attended the deceased from Feb 2, 19, to Feb 17, 19;
that I last saw him alive on Feb 17, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Prost - Hypertrophy Lobar Pneumonia.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy

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)

(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 0

23. Signature Otto J Wilhelmi (M. D. or other)

Address 220 Univ. Club Bldg Date signed 2/28/48

(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 C. W. Cooper

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette

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.