

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital—Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME ERNEST ZACHEIS

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 12 1881
(Month) (Day) (Year)

8. AGE: Years 67 Months 0 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Nashville Ill _____
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Buyer Swift Co.

11. Industry or business _____

12. Name Bernard Zacheis

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

14. Maiden name Catherine Bieser

15. Birthplace Bellville Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Ruth Doerer

(b) Address 4140 Oregon

17. (a) Burial (b) Date thereof 11-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park Cem.

18. (a) Signature of funeral director W. Schumann

(b) Address 3013 Meramec St.

19. (a) Nov 22 1948 (b) J. B. Sarsten
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis Mo.
(c) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 4140 Oregon
Memorial (If rural, give location)
(e) Citizen of foreign country? 15 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20th
year 1948 hour 8 minute 20 A. M.

21. I hereby certify that I attended the deceased from 10/23/48
19 _____, to Nov. 20th 19 48
that I last saw him alive on Nov. 20th 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death: Infarcted left middle & lower lobes Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy same as above

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) _____ (e) Means of injury _____

23. Signature Joseph Lafayette _____

Address _____ Date signed _____

MAY 20 1949

me

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 231

Jack Haupt, Registered Apprentice No. 231
working under my personal supervision.

Signed Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St. Louis, 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.