

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17835

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4577**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St Louis Mo 3		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) St Louis Mo.		
d. FULL NAME OF HOSPITAL OR INSTITUTION Gannons dead at City Hosp.			d. ADDRESS (If rural, give location) 2516 N 21 str.		
3. NAME OF DECEASED (Type or Print) a. (First) Sam		b. (Middle)	c. (Last) Zdan	4. DATE OF DEATH (Month) (Day) (Year) 5 23 49	
5. SEX Male-0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 13/93	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? 6
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Sophia Zdan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. 488607-0329	17. INFORMANT'S SIGNATURE OR NAME Mrs Sophia Zdan			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Strangulation due to hanging</u> ANTECEDENT CAUSES <u>when found hanging to rafters in basement of his house</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>with rope around his neck</u> DUE TO (b) <u>in basement of his house</u> DUE TO (c) <u>on May 23 1949 about 4:23 pm</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4:23 pm</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Suicide</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis Mo / 10th</u>		21f. HOW DID INJURY OCCUR? <u>E 0411X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>May 23 49 4:23 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:23 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Walter R. Clark Deputy Coroner 3</u>			23b. ADDRESS <u>1300 Clark</u>	23c. DATE SIGNED <u>5/24/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/26/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis County</u>		
DATE REC'D BY LOCAL REG. <u>MAY 24 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Lassiter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Central Und. Co.</u>	ADDRESS <u>1041 Cass av</u>		

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.