

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>1109</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson Barracks, Mo.</u>		c. LENGTH OF STAY (In this place) <u>2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Alton</u>					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Veterans Administration Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>2510 Yager</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lee</u>			b. (Middle) _____		c. (Last) <u>ZACHARY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 3 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 13, 1887</u>		9. AGE (In years last birthday) <u>61</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>20</u> IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Birdtown, Tennessee</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Louis Zachary</u>				13b. MOTHER'S MAIDEN NAME <u>Elzibeth Bysaw</u>		14. NAME OF HUSBAND OR WIFE <u>Mable Zachary</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>U342-409-9090</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eugene F. Nolan, Registrar</u>				ADDRESS <u>Vet. Adm. Hosp. Jeff. Brks. Mo.</u>	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL INFARCTION</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CORONARY THROMBOSIS</u>							
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>None</u> (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>May 2, 1949</u> , to <u>May 3, 1949</u> , that I last saw the deceased alive on <u>May 3, 1949</u> , and that death occurred at <u>6:50 pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>L.E. Stilwell</u> (Degree or title) <u>L.E. Stilwell, M.D. Chf. Prof. Services</u>						23b. ADDRESS <u>Vet. Adm. Hosp. Jeff. Brks. Mo.</u>		23c. DATE SIGNED <u>5/11/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 6, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cemetery</u>		24d. LOCATION (City, town, or county) <u>Alton, Illinois</u> (State) _____			
DATE REC'D BY LOCAL REG. <u>5-5-49</u>		REGISTRAR'S SIGNATURE <u>Robert D. Steeper</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert D. Steeper</u> ADDRESS <u>Alton, Illinois</u>				

(Licensed Explanatory Statement on Reverse Side)

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

No. 300
10.48

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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

Robert H. Streaper

Licensed Embalmer No. *2474*

P. O. Address *Alton, Ill.*

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.