No. 300
10.48

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

FILED NOV 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3063 35756

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 4194

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (In this place): 69 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Velda Village
d. STREET ADDRESS (If rural, give location): 2250 Lucas-Hunt

3. NAME OF DECEASED (Type or Print)
a. (First): Hattie
b. (Middle):
c. (Last): Zager

4. DATE OF DEATH (Month) Oct. (Day) 18 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 13 1869
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Herman Noack
13b. MOTHER'S MAIDEN NAME: Bertha Unknown
14. NAME OF HUSBAND OR WIFE: Henry Zager

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mr. Robert Zager
ADDRESS: 2250 Lucas-Hunt

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Fract. simple rt. hip — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) trauma — E903.7 47
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senil. Arteriosclerosis. Arteriosclerotic heart disease

19a. DATE OF OPERATION: 9-1-49
19b. MAJOR FINDINGS OF OPERATION: As above 903.7
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Nursing Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St. Louis - Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): AUG. 3, 1949 8 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? FELL IN BATHROOM

22. *I hereby certify that I attended the deceased from* 8-4-, 1949, *to* 10-18-, 1949, *that I last saw the deceased alive on* 10-18-, 1949, *and that death occurred at* 9:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert L. Coulter Jr. (Degree or title) M.D.
23b. ADDRESS: 601 Brentwood, Clayton
23c. DATE SIGNED: 10/20/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 21 1949
24c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
24d. LOCATION (City, town, or county) (State): Kirkwood, Missouri

DATE REC'D BY LOCAL REG.: 10-20-49
REGISTRAR'S SIGNATURE: Herbert R. Adams M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Beiderwieden F. H. Inc. 1936 St. Louis Ave.

(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 ——, Student Embalmer No. ——, working under my personal supervision.

Student —
Student Embalmer

Signed Max L. Werfel

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Av

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.