

FILED DEC 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39480**
9686

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Lukes Hospital		d. STREET ADDRESS (If rural, give location) 4925 Sunshine		
3. NAME OF DECEASED (Type or Print) a. (First) Mathias		b. (Middle) _____	c. (Last) Zika	4. DATE OF DEATH (Month) (Day) (Year) Nov 7 1949
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan 21, 1874	9. AGE (In years last birthday) 75 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State of foreign country) Austria	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME Jacob Zika		
13b. MOTHER'S MAIDEN NAME not known		14. NAME OF HUSBAND OR WIFE Catherine Zika		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank Zika 4925 Sunshine Dr.	
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) Carcinoma left kidney pelvis 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. Developed arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH about 3 yrs. 10 years.
19a. DATE OF OPERATION 11-7-49		19b. MAJOR FINDINGS OF OPERATION Carcinoma left kidney pelvis with local hemorrhage		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 180X
22. I hereby certify that I attended the deceased from 11-6-49 , 19____, to 11-7-49 , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:30 m., from the causes and on the date stated above.				
23a. SIGNATURE John Schinner M.D.		23b. ADDRESS 3720 Washington - St Louis		23c. DATE SIGNED 11-9-49
24a. BURIAL (CREMATION REMOVAL) (Specify) burial		24b. DATE 11/11/49	24c. NAME OF CEMETERY OR CREMATORY N St Marcus Cemetery	24d. LOCATION (City, town, or county) (State) St Louis, Mo.
DATE REC'D BY LOCAL REG. NOV 10 1949		REGISTRAR'S SIGNATURE J. Schinner		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Ziegenhein & Sons 7027 Gravois

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 *W. A. Frank Owens*

Licensed Embalmer No. *2245*

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.