

FILED FEB 10 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

2542

State File No.

318

1003

Registrar's No. 933

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No.		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			2 J 24	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4334 Gertrude				d. STREET ADDRESS (If rural, give location) 2 4334 Gertrude						
3. NAME OF DECEASED (Type or Print) a. (First) George			b. (Middle) J.		c. (Last) Hach		4. DATE OF DEATH (Month) (Day) (Year) 1/26/50			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Sept. 7, 1875		9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) resident			10b. KIND OF BUSINESS OR INDUSTRY General Paper Box			11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Unknown Hach			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Nellie				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. ----		17. INFORMANT'S SIGNATURE OR NAME Hubert F. Zinselmeyer--				ADDRESS 4334 Gertrude	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia ANTECEDENT CAUSES (b) Chronic Myocarditis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 4334 (Missouri)						
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?						
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 10:45 p.m., from the causes and on the date stated above.										
23a. SIGNATURE H A Zinselmeyer M.D.				23b. ADDRESS 4334 Gertrude		23c. DATE SIGNED 1-28-50				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/30/50		24c. NAME OF CEMETERY OR CREMATORY N. St. Marcus		24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri				
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE JAN 30 1950 J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE Macker - Hilderle			ADDRESS 3634 Gravois					

(Licensed Embalmer's Statement on Reverse Side)

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

2009

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Delis J. Krupin

Signed.....
Student Embalmer

Licensed Embalmer No.....

3497

P. O. Address.....

3634 Gravois

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.