No. 300
10.48

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

FILED SEP 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27345

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 66

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL-MERAMEC
c. LENGTH OF STAY (In this place): 1 mo 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hill Inf.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: 217.9
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
d. STREET ADDRESS (If rural, give location): 3900a FOLSOM AVE.

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): Z
c. (Last): ZAHN

4. DATE OF DEATH (Month) (Day) (Year): 8 25 50

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: 3/5/1851

9. AGE (In years last birthday): 99 — If under 1 year: Months 5, Days 20 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired): DRUGGIST

10b. KIND OF BUSINESS OR INDUSTRY: PHARMACY

11. BIRTHPLACE (State or foreign country): CINCINNATI OHIO

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: CHARLES ZAHN

13b. MOTHER'S MAIDEN NAME: MARAGRET ZAHN

14. NAME OF HUSBAND OR WIFE: MARAGRET HAROLD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME: Brother Paschal St. Joseph's Hill
ADDRESS

MEDICAL CERTIFICATION

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) CARDIAC INSUFFICIENCY — 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) CHRONIC MYOCARDITIS
DUE TO (c) GENERALIZED ARTERIO

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. SCLEROSIS — 42.21

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/24, 1950, *to* 8/21, 1950, *that I last saw the deceased alive on* 8/21, 1950, *and that death occurred at* 9:25 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. Marder M.D. (Degree or title)

23b. ADDRESS: 4323 ROLAND DRIVE.

23c. DATE SIGNED: 8/25/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug 28-1950

24c. NAME OF CEMETERY OR CREMATORY: St Matthews Cem.

24d. LOCATION (City, town, or county) (State): St Louis MO

DATE REC'D BY LOCAL REG.: Sept 2-50

REGISTRAR'S SIGNATURE: Mrs Ruth Jirsa 438

25. FUNERAL DIRECTOR'S SIGNATURE: Arthur F. Donnelly — **ADDRESS**: 3840 Lindell Blvd St Louis

Geo John Brimmer (Licensed Embalmer's Statement on Reverse Side)

OCT 21 1950
FEB 21 1951
JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 9-6-50

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 Thomas R. Fenwick

Licensed Embalmer No. 3793

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.