

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

6847

State File No. _____

FILED FEB 23 1951

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1002**

Registrar's No. **1385**

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) St Louis		c. CITY (If outside corporate limits, write RURAL and give township) St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hospital		d. STREET ADDRESS (If rural, give location) 2114 S 11th Street	
3. NAME OF DECEASED (Type or Print) a. (First) Louis b. (Middle) P c. (Last) Zika		4. DATE OF DEATH (Month) (Day) (Year) Feb 10 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 18 1876
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor	11. BIRTHPLACE (State or foreign country) Czechoslovakia
12. CITIZEN OF WHAT COUNTRY? U S		13. FATHER'S NAME Louis Zika	
14. MOTHER'S MAIDEN NAME Unknown		15. NAME OF HUSBAND OR WIFE Mary Zika	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute dilatation of the heart ANTECEDENT CAUSES Arteriosclerosis DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
20. INTERVAL BETWEEN ONSET AND DEATH		21. INFORMANT'S SIGNATURE OR NAME Mary Zika	
22. ADDRESS 2114 S 11th Street		23. DATE OF OPERATION Feb. 8, 1951	
24. MAJOR FINDINGS OF OPERATION		25. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
26. ACCIDENT SUICIDE HOMICIDE (Specify)	27. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	28. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
29. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	30. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	31. HOW DID INJURY OCCUR? 4370	
32. I hereby certify that I attended the deceased from Feb. 8, 1951 , to Feb. 10, 1951 , that I last saw the deceased alive on Feb. 10, 1951 , and that death occurred at 4:50 a. m. , from the causes and on the date stated above.			
33. SIGNATURE <i>[Signature]</i>		34. ADDRESS 4930 Lindell Boulevard Saint Louis 8, Mo.	
35. DATE SIGNED 2-10-51		36. BIRTHPLACE (State or foreign country)	
37. BURIAL, CREMATION, REMOVAL (Specify) Burial	38. DATE 2/13/51	39. NAME OF CEMETERY OR CREMATORY New Picker Cem	40. LOCATION (City, town, or county) (State) St Louis Mo.
41. DATE REC'D BY LOCAL REG. FEB 11 1951	42. REGISTRAR'S SIGNATURE <i>[Signature]</i>	43. FUNERAL DIRECTOR'S SIGNATURE Moydell Funeral Home	
44. ADDRESS 1926 Allen Av		45. ADDRESS	

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

me

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 *me*

.....
working under my personal supervision. Student Embalmer No.

Signed.....
Student Embalmer

Signed *Dee A. Strassman*

Licensed Embalmer No. *4533*

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.