

FILED JUN 15 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18776  
3117

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1000** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place or township) <b>21 DAYS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LUKE'S</b>		e. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b> <b>2129</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>EDWIN</b> b. (Middle) <b>S.</b> c. (Last) <b>ZACHARIAS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 2 1951</b>	
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAY 11, 1888</b>
9. AGE (In years last birthday) <b>63</b>		IF UNDER 1 YEAR Months <b>-</b> Days <b>21</b>	IF UNDER 2 HRS. Hours <b>-</b> Min. <b>-</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALESMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RETAIL SELLING</b>	11. BIRTHPLACE (State or foreign country) <b>OCALA, FLA.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>SYGUND ZACHARIAS</b>	
13b. MOTHER'S MAIDEN NAME <b>REBECCA</b>		14. NAME OF HUSBAND OR WIFE <b>AGATHA HINES ZACHARIAS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES U.W.T.</b>		16. SOCIAL SECURITY NO. <b>-</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>C.R. Kennedy</b>		ADDRESS <b>Pans. Ill.</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Peritonitis-Meckel's Diverticulum</b> INTERVAL BETWEEN ONSET AND DEATH <b>3 days?</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Duodenal ulcer perforated</b> <b>14 days.</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <b>541.1</b>			
22. I hereby certify that I attended the deceased from <b>May 1, 1951</b> , to <b>June 2, 1951</b> , that I last saw the deceased alive on <b>June 2, 1951</b> , and that death occurred at <b>7:40 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>[Signature]</b> (Degree or title)		23b. ADDRESS <b>4500 Olive St. Springfield, Mo.</b>	
23c. DATE SIGNED <b>6-2-51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>JUNE 5, 1951</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY</b>		24d. LOCATION (City, town, or county) (State) <b>PANA ILLINOIS</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>JUN 4 1951 [Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>G.F. Kennedy Pana, Illinois</b>	

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

JUL 10 1951

20-1600

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 Raymond Kennedy  
Licensed Embalmer No. 81581  
P. O. Address Camden, Illinois

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.