

FILED MAY 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18785
10224
4239

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4239

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2169</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>		STREET ADDRESS (If rural, give location) <u>4020 Hartford</u> <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>-Albert</u> c. (Last) <u>Arnold Zwart</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 3 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 13, 1871</u>
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Office Mgr. (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>20 Yrs.</u>	11. BIRTHPLACE (State or foreign country) <u>Ironton, Mo.</u>
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>Bernard Zwart</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Caroline Zwart</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Louis B. Zwart 4020 Hartford St.</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive cardiovascular disease</u>			
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 checked="" 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? <u>443X</u>	
22. I hereby certify that I attended the deceased from <u>4/22</u> , 19 <u>51</u> , to <u>5/3</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5/3</u> , 19 <u>51</u> , and that death occurred at <u>11:05 am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>G.D. Veinolia M.D.</u> (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>BARNES HOSPITAL</u>	23c. DATE SIGNED <u>5/3/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 5, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SS Peter & Paul Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
DATE REC'D BY LOCAL REG. <u>MAY 4 1951</u>	REGISTRAR'S SIGNATURE <u>J. Blunster</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD CONT. by all.

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.....
Student Embalmer

Signed Richard H. Stovesand

Licensed Embalmer No. 4007

P. O. Address.....

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 18785-51
Local Registrar's No. 4238

State of }
County of } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this day of, 194....., before me appears.....

....., who, upon oath, states that the original record of ^{birth} death
for Joseph Arnold Zwart, died 5-3-51, 19....., in the State of
^{born} ~~sex~~ Missouri, and which was filed at on, 19....., should be corrected as follows:

Item No. 3 should read. Joseph Arnold Zwart

Instead of Jospeh Albert Zwart

Item No. should read.

Instead of

Item No. should read.

Instead of

Item No. should read.

Instead of

Item No. should read.

Instead of

Item No. should read.

Instead of

Item No. should read.

Instead of

Item No. should read.

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Frank T. Deters - Undertaker
Relationship.

4228 S. Kingshighway
Present Address.

Subscribed and sworn to before me this 17 day of May, 1951.

My Commission expires 3-4-53 Edw. Padden Notary Public.