

FILED AUG 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22663

BIRTH NO. _____ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 5430 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY (If outside corporate limits, write RURAL and give township) Rural - Central 440
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Clair - R-711

2. USUAL RESIDENCE (Where deceased lived. Indicate residence before admission)
a. STATE Mo. b. COUNTY Franklin
c. CITY (If outside corporate limits, write RURAL and give township) Rural - Central 0360
d. STREET ADDRESS (If rural, give location) St. Clair - R-711

3. NAME OF DECEASED
a. (First) Lillian b. (Middle) May c. (Last) Zakus
4. DATE OF DEATH (Month) (Day) (Year) 6-23-61

5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH 5-1-1889 9. AGE (In years last birthday) 72 10. MONTHS 1 11. DAYS 23 12. HOURS 10 13. MIN. 23

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wife 10b. KIND OF BUSINESS OR INDUSTRY House work 11. BIRTHPLACE (State or foreign country) St. Louis Mo 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Winters 14. NAME OF HUSBAND OR WIFE John Zakus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. 49-18-3192 17. INFORMANT'S SIGNATURE OR NAME John Zakus - St. Clair ADDRESS _____

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, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis - 6 minutes
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) Coronary Sclerosis - 2 yrs.
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 4201 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) _____ 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 July 4, 1947 to 6-23, 1961, that I last saw the deceased alive on 6-23, 1961 and that death occurred at 5:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE W. E. Kitchell, M.D. (Degree or title) 23b. ADDRESS St. Clair Mo 23c. DATE SIGNED 6/24

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 6-27 24c. NAME OF CEMETERY OR CREMATORY SUNSET CEMETERY 24d. LOCATION (City, town, or county) (State) ST. LOUIS

DATE REC'D BY LOCAL REG. 6-25-51 REGISTRAR'S SIGNATURE E. L. Worthington 25. FUNERAL DIRECTOR'S SIGNATURE W. Kitchell ADDRESS St. Clair Mo

(Licensed Embalmer's Statement on Reverse Side)

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

360

DISTRICT HEALTH OFFICE No. 4

AUG 9 1951

RECEIVED

File No.

NOV 22 1961

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 Shirley W. Mitchell

Licensed Embalmer No. 3873

P. O. Address St. Clair, 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.