

MAR 29 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10799  
Registrar's No. 2506

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY	
b. CITY OR TOWN St Louis Mo	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St Louis	2769
d. FULL NAME OF HOSPITAL OR INSTITUTION 1452 R Madison Str.		d. STREET ADDRESS (If rural, give location) 1452 R Madison	

3. NAME OF DECEASED (Type or Print) Mary	a. (First)	b. (Middle)	c. (Last) Zichler	4. DATE OF DEATH 3-14-52	(Month)	(Day)	(Year)
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 3/10/1871	9. AGE (in years last birthday) 81	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H-W		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Germany		12. CITIZEN OF WHAT COUNTRY? 4	

13a. FATHER'S NAME Schindler	13b. MOTHER'S MAIDEN NAME Mary Schindler	14. NAME OF HUSBAND OR WIFE Joseph Zichler
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY ***NO*	17. INFORMANT'S SIGNATURE OR NAME Gustav Zichler	ADDRESS 1452 R. Madison
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		<u>4 1/2</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Myocarditis</u> DUE TO (c) <u>Chronic Hypertension</u>		years <u>chronic</u>
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"/>
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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)
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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 443X
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22. I hereby certify that I attended the deceased from Sept., 1951, to 3-14, 1952, that I last saw the deceased alive on 3-14, 1952 and that death occurred at 11:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J.P. Pugh M.D.</u>	(Degree or title)	23b. ADDRESS <u>2305 W. Flourens</u>	23c. DATE SIGNED <u>3-17-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	24b. DATE <u>3/18/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kirkwood Mo</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>MAR 17 1952</u> <u>Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Central Funeral Home</u>	ADDRESS <u>1841 Cass</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

*John S. Kennedy*

Licensed Embalmer No. *4194*

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.