

THE DIVISION OF HEALTH OF THE CITY OF ST. LOUIS
STANDARD CERTIFICATE OF DEATH

18736

State File No.

No. 300
10.48

JUN 6 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4469

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</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> | |
| c. LENGTH OF STAY (In this place) <u>18 day</u> | | 2169 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes Hosp.</u> | | d. STREET ADDRESS (If rural, give location) <u>4020 Hartford St.</u> | |

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|---|----------------------------------|--|--|---|--|
| 3. NAME OF DECEASED (Type or Print) <u>Caroline m Zwart</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 10 1952</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | 8. DATE OF BIRTH <u>Oct. 8, 1874</u> | | 9. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR: Months Days IF UNDER 10 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? | | | | | |

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|---|--|---|--|---|--|
| 13a. FATHER'S NAME <u>Louis Ottenad</u> | | 13b. MOTHER'S MAIDEN NAME <u>Louise McHose</u> | | 14. NAME OF HUSBAND OR WIFE <u>Late Joseph A. Zwart</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Joseph Lundergan 4020 Hartford</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, asthma, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL INFARCTION</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>RENAL ARTERIOSCLEROSIS AND CHRONIC LYMPHATIC LEUKEMIA</u> DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|--|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT (Specify) SUICIDE HOMICIDE | | 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) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>204.0</u> | |

22. I hereby certify that I attended the deceased from 4-23, 1952 to 5-10, 1952, that I last saw the deceased alive on 5/10, 1952, and that death occurred at 11PM m., from the causes and on the date stated above.

| | | | | | | | |
|--|--|---|--|---|--|--|--|
| 23a. SIGNATURE <u>FR Bradley</u> | | (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>BARNES HOSPITAL</u> | | 23c. DATE SIGNED <u>5-11-52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>May 14, 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>S/S Peter & Paul Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>MAY 13 1952</u> | | REGISTRAR'S SIGNATURE <u>J. Carl Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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 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.