

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26603

State File No. \_\_\_\_\_

FILED JUL 23 1952

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>542</u>		Registrar's No. <u>1923</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u>				b. COUNTY <u>Louis Co.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson</u>			c. LENGTH OF STAY (in this place) <u>5 yrs.</u>			d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson,</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>100 N. Dade Ave.,</u>				d. STREET ADDRESS (If rural, give location) <u>100 N. Dade Ave.,</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>HERMAN</u>		b. (Middle) <u>T.</u>		c. (Last) <u>ZOCK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 14, 1952</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>Oct. 29, 1896.</u>		9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>55</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cost Clerk</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Curtis Mfg. Co.</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Giddings, Texas</u>		12. CITIZENRY OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Traugott Zock</u>			13b. MOTHER'S MAIDEN NAME <u>Anna SYNALSCHEP</u>			14. NAME OF HUSBAND OR WIFE <u>Maude B. Zock wife</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes #1</u>		16. SOCIAL SECURITY NO. <u>490-03-2553</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Maude B. Zock, 100N Dade Ave.,</u>					
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarction</u> <u>Myocardial Heart Disease</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> DUE TO (b) <u>Diets, Tension</u> DUE TO (c) <u>10282</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis, Hypertension</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Only 1 hr.</u> <u>unbroken</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR					
22. I hereby certify that I attended the deceased from <u>21 Mar 1951</u> to <u>14 Jul 1952</u> , that I last saw the deceased alive on <u>14 Jul 1952</u> , and that death occurred at <u>4:55 P.M.</u> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Frederic W. Hall M.D.</u>			23b. ADDRESS <u>2580 7th Street Rd</u>			23c. DATE SIGNED <u>15 Jul 52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 17, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>			
DATE RECD BY LOCAL REG. <u>7-16-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u> <u>SW</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jos. W. Clark 1125 Hodiamont Ave.,</u>				

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

D. Eugene Hall  
Ferguson, Mo.  
VIZ. 70907

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 ME

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed John J. Haines

Licensed Embalmer No. 4108

P. O. Address St. Louis 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.