

No. 300
10. 48

STANDARD CERTIFICATE OF DEATH

29146

State File No. 16
Registrar's No. 16

SEP 15 1952

BIRTH NO. REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048

1. PLACE OF DEATH a. COUNTY St. Charles Wentzville, Mo. 0920a		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 422k	
b. CITY (If outside corporate limits, write RURAL and give township) Rural-Dardenne		c. CITY (If outside corporate limits, write RURAL and give township) Overland 1	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 9210 Tudor	
d. FULL NAME OF HOSPITAL OR JUNCTION HIGHWAY R&S-61			

3. NAME OF DECEASED (Type or Print) Harry	a. (First)	b. (Middle) E.	c. (Last) Zartt	4. DATE OF DEATH (Month) (Day) (Year) Aug. 9, 1952
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5. SEX M O	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Feb. 9, 1903	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter	10b. KIND OF BUSINESS OR INDUSTRY Decorating	11. BIRTHPLACE (State or foreign country) St. Louis, Mo. O	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Emil Zartt	13b. MOTHER'S MAIDEN NAME not known	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	16. SOCIAL SECURITY NO. 489-20-6202	17. INFORMANT'S SIGNATURE OR NAME Thomas Goheen	ADDRESS 4250a N. Euclid
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Instantly
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Injuries suffered in a headon collision between 2 automobiles, DUE TO (b)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E8164 26			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 092	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	21c. COUNTY OR TOWNSHIP (COUNTY) (STATE) Dardenne St. Charles, Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 9, 1952 9A	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto accident-Headon collision 2 cars
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22. I hereby certify that I attended the deceased from held an inquest on Sept. 10, 1952, 19, that I last saw the deceased alive on 19, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE Mavis Muehling	(Degree or title) Coroner 3	23b. ADDRESS Wentzville, Missouri	23c. DATE SIGNED 9/10/1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 13, 1952	24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery	24d. LOCATION (City, town, or county) (State) Normandy, Mo.
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DATE REC'D BY LOCAL REG Sept 12-52	REGISTRAR'S SIGNATURE E.A. Keithly	25. FUNERAL DIRECTOR'S SIGNATURE Buchholz-Koeller	ADDRESS 5967W. Florissant
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 1 6 1952

SEP 1 8 1952

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 *Harold O. Kusler*

Licensed Embalmer No. *4631*

P. O. Address *Wentzville, 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.