

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16410**  
Registrar's No. **3732**

FILED **APR 23 1953**  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <span style="float:right">2059</span>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Peoples Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>5 5108 Vernon Avenue</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Walter</b> b. (Middle) <b>H.</b> c. (Last) <b>Zampier</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 8, 1953</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Jan. 5, 1889</b>
9. AGE (In years last birthday) <b>64</b>		IF UNDER 1 YEAR <b>3</b> Days	IF UNDER 24 HRS. <b>3</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maintenance</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Singer Sewing Machine Company</b>	11. BIRTHPLACE (State or foreign country) <b>Gray Summit, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		13a. FATHER'S NAME <b>Albert Zampier</b>	
13b. MOTHER'S MAIDEN NAME <b>Narcissus Good</b>		14. NAME OF HUSBAND OR WIFE <b>--</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>W W I</b>		16. SOCIAL SECURITY NO. <b>WWI</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Julia Price, 5108 Vernon Avenue</b>
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) <b>Cerebral apoplexy</b>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Hypertension</b> DUE TO (b) DUE TO (c)			
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"/>
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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>334X</b>	
22. I hereby certify that I attended the deceased from <b>March 29, 1953</b> , to <b>April 8, 1953</b> , that I last saw the deceased alive on <b>4/8, 1953</b> , and that death occurred at <b>7 P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Walter A. Young, M.D.</b> (Degree or title)		23b. ADDRESS <b>2337 Market Street Mo</b>	23c. DATE SIGNED <b>4/9/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>4/10/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>
DATE REC'D BY LOCAL REG. <b>APR 9 1953</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Charles J. Gates, 4107 Finney Ave.</b> ADDRESS	

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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.....



Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

**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.