

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20097**
4461

FILED MAY 18 1953

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 3 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves 4577
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital		d. STREET ADDRESS (If rural, give location) 654 Clark Ave.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			
a. (First) CAROLINE	b. (Middle) LOUISE	c. (Last) ZWALHAZ	(Month) April	(Day) 30	(Year) 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Jan. 7, 1862	9. AGE (In years last birthday) 91	# UNDER 1 YEAR 3	# UNDER 1 MO. Hours 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self employed		10b. KIND OF BUSINESS OR INDUSTRY Music Teacher		11. BIRTHPLACE (City and State or Foreign Country) West Indies 3		12. CITIZEN OF WHAT COUNTRY? England

13a. FATHER'S NAME Charles Zwalhaz	13b. MOTHER'S MAIDEN NAME ? Sequin	14. NAME OF HUSBAND OR WIFE Single
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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	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Paul T. Caselas	ADDRESS 5215 S. Kingshighway
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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		19. INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of right hip		
ANTECEDENT CAUSES		DUE TO (b) Arteriosclerosis when she fell at White Oaks Nursing Home April 27 1953	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) None	
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 Accident	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., home, farm, factory, street, office, etc.) Nursing Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kirkwood Mo.
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21d. TIME OF INJURY Apr 27 53	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR E9037
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22. I hereby certify that I attended the deceased from **1953** to **1953**, that I last saw the deceased alive on **1953**, and that death occurred at **300 f. m.**, from the causes and on the date stated above. **45**

22a. SIGNATURE Patrick E. Taylor	(Degree or title) Cornet	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 5/1/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5/2/53	24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG. MAY 1 1953	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Corp. Dr.	ADDRESS Kirkwood, Mo.
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S.P. (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

Felix Huxford

Licensed Embalmer No. 3034

P. O. Address Kirkwood 22 m

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.