

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27066**
6083
Registrar's No.

FILED JUL 31 1953

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2079	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If rural, give location) 7 5547 Robin Ave. 0	
3. NAME OF DECEASED (Type or Print) a. (First) BEATRICE b. (Middle) Ann c. (Last) ZAGARI		4. DATE OF DEATH (Month) (Day) (Year) 6 17 53	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 12, 1893
9. AGE (In years last birthday) 59		10. IF UNDER 1 YEAR Months Days	11. IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Wisconsin		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Charles Fovell		13b. MOTHER'S MAIDEN NAME Mary (unknown)	
14. NAME OF HUSBAND OR WIFE Sam Zagari		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. 492-10-0992		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Sam Zagari 5547 Robin Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Peritonitis & Ad. carcinoma <i>* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis & Ad. carcinoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Carcinoma of sigmoid 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 Mar 53		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Sigmoid & liver metastases	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) Suicide	
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? 153x		22. I hereby certify that I attended the deceased from 6/11, 1953 , to 6/17, 1953 that I last saw the deceased alive on 6/17, 1953 and that death occurred at 12:22 P.M. , from the causes and on the date stated above.	
23a. SIGNATURE Richard S. Mason MD		23b. ADDRESS Jewish Hosp	
23c. DATE SIGNED 6/17		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 6-20-53		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc. 2161 E. Fair Ave.	
DATE REC'D BY LOCAL REG. JUN 18 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	

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

Can they all
6/17/53

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

working under my personal supervision.

Signed

Walter W. Nash

Student Embalmer No.

Signed.....
Student Embalmer

Licensed Embalmer No.

3737

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of St. Louis } ss.
City

State File No. 27066
Local Registrar's No. 6083

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 8th day of July, 1953, before me appears Ruth Seever, who, upon her oath, states that the original record of ~~her~~ death for Beatrice Ann Zagari died June 17, 1953 in the State of Missouri, and which was filed at St. Louis on June 19, 1953, should be corrected as follows:

Item No. 24-C should read Memorial Park Cemetery
Instead of Calvary Cemetery

Item No. 24-D should read St. Louis Co. Missouri
Instead of St. Louis, Missouri.

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: Ruth Seever Office Manager
Maech

2161 E. Fair Ave.
Present Address.

Subscribed and sworn to before me this 8th day of July, 1953

My Commission expires March 28, 1956.

Dorothy E. Hermann
Notary Public.

10/10/10

