

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27252**

No. 300

10-48

FILED **AUG 6 - 1953**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **2069**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Valley Park		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Valley Park	
d. FULL NAME OF HOSPITAL OR INSTITUTION Zirwes Acres (Box 86)		d. STREET ADDRESS (If rural, give location) Zirwes Acres (Box 86)	

3. NAME OF DECEASED a. (First) CLARA b. (Middle) C. c. (Last) ZIRWES			4. DATE OF DEATH 517-3-183		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, ⁵ WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Oct. 7, 1901		9. AGE (In years last birthday) 51		10. UNDER 1 YEAR 90 MONTHS 19 DAYS		11. UNDER 1 MIN. 19 HOURS	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Typist		10b. KIND OF BUSINESS OR INDUSTRY Commercial		11. BIRTHPLACE (City and State or Foreign Country) Iron County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME C. L. Collins		13b. MOTHER'S MAIDEN NAME Emma Miller		14. NAME OF HUSBAND OR WIFE Jule Zirwes	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 494-03-9230		17. INFORMANT'S SIGNATURE OR NAME Jules C. Zirwes		ADDRESS Valley Park, Mo.	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial infarction				INTERVAL BETWEEN ONSET AND DEATH Approx 30 min.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Hypertensive vascular disease			
				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 checked="" type="checkbox"/>	
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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) 4201 (COUNTY) (STATE)	
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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?	
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22. I hereby certify that I attended the deceased from **26 July, 1953**, to **26 July, 1953**, that I last saw the deceased alive on **(NOT SEEN BEFORE)**, and that death occurred at **8:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James E. Meizer MD		23b. ADDRESS Boonville, Mo.		23c. DATE SIGNED July 28 1953	
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24a. BURNAL CREMATION Burial		24b. DATE 7/29/53		24c. NAME OF CEMETERY OR CREMATORY K of P Cemetery		24d. LOCATION (City, town, or county) (State) Ironton, Mo.	
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DATE REC'D BY LOCAL REG. 7-28-53		REGISTRAR'S SIGNATURE Hubert R. Donoho - M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Goff Inc.		ADDRESS Boonville, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

N 7742

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 Durand

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.