

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36161**
Registrar's No. **8808**

BIRTH NO. _____ 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. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis,			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4664 Idaho Ave.,		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or Print) a. (First) Emma		b. (Middle)		c. (Last) Zapf.			
5. SEX Female.		6. COLOR OR RACE White.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.			
8. DATE OF BIRTH December 10, 1869		9. AGE (In years, last birthday) 84		10. IF UNDER 1 YEAR Months Days			
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri,		12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME Ferdinand Herr,		13b. MOTHER'S MAIDEN NAME Ernestine Winters		14. NAME OF HUSBAND OR WIFE Frank Zapf,			
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. 491-14-5578		17. INFORMANT'S SIGNATURE OR NAME Frank Zapf, ADDRESS 4664 Idaho Ave.,			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General arteriosclerosis arterio-sclerotic heart disease ANTECEDENT CAUSES DUE TO (b) Senility DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. acute gastritis				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200			
22. I hereby certify that I attended the deceased from Sept. 11, 1954 , to Sept. 27, 1954 , that I last saw the deceased alive on Sept. 26, 1954 , and that death occurred at 5:45 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE Dr. Leo P. Young (Degree or title) M.D.		23b. ADDRESS 2621 S. Jefferson		23c. DATE SIGNED 9/28/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal.		24b. DATE 9/29/54		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park, 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
DATE REC'D BY LOCAL REG. SEP 28 1954		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary, ADDRESS 2842 Meramec St., St. Louis, 18, Mo.			

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Joe B. Benz.....
Licensed Embalmer No. 4249
P. O. Address 2842 Mesa.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.