

FILED JAN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44332

BIRTH NO. _____ REG. DIST. NO. 117 PRIMARY REG. DIST. NO. 500 Registrar's No. 1890

1. PLACE OF DEATH a. COUNTY <i>St Louis Co</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <i>Manchester mo</i>		c. LENGTH OF STAY (in this place) <i>2 months</i>		c. CITY OR TOWN <i>St Louis</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Pine Crest Nursing Home</i>				e. STREET ADDRESS (If rural, give location) <i>4017 Strasse St 2109</i>			
3. NAME OF DECEASED (Type or Print) <i>ZACHARIAS P. MONIKA</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>12 15 54</i>				
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>	8. DATE OF BIRTH <i>2-26-1868</i>	9. AGE (In years) (last birthday) <i>86</i>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>LABORER-Red Bud</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>FLOUR MILL</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Hickman, Ill.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>Phillip Monika</i>		13b. MOTHER'S MAIDEN NAME <i>Don't know</i>		14. NAME OF HUSBAND OR WIFE <i>deceased</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Svedec Monika-Red Bud, Ill.</i>			
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) <i>Acute cardiac dilatation</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chr Myocarditis</i> DUE TO (c) <i>Stenility</i>				INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i> <i>3 yrs</i> <i>4 yrs</i>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>10-15 1954</i> to <i>12/15 1954</i> , that I last saw the deceased alive on <i>12/14 1954</i> , and that death occurred at <i>9:20 A.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>W. H. Shlesinger</i>				23b. ADDRESS <i>Winkwood, Mo</i>		23c. DATE SIGNED <i>12/15/54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>12-18-54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>St. Johns Lutheran</i>		24d. LOCATION (City, town, or county) (State) <i>Red Bud, Ill.</i>		
DATE REC'D BY LOCAL REG <i>12/15/54</i>		REGISTRAR'S SIGNATURE <i>Heber... ..</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. Decker</i>		ADDRESS <i>Red Bud, Ill.</i>	

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

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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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**