

FILED JAN 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1524

State File No.

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 115

1. PLACE OF DEATH
a. COUNTY JEFFERSON 0

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MO. b. COUNTY 2129

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - MERAMOR c. LENGTH OF STAY (In this place) 24 DAYS

c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hill Infirmary

e. STREET ADDRESS (If rural, give location) 4946 BUCKINGHAM CT

3. NAME OF DECEASED
a. (First) FRANK b. (Middle) JOSEPH c. (Last) ZUBER

4. DATE OF DEATH (Month) (Day) (Year) JANUARY 12 1955

5. SEX M O

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH JUNE 25 1879

9. AGE (In years last birthday) 75 if UNDER 1 YEAR Months Days if OVER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - CREDIT MANAGER SHERIFF CO.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) JEFFERSON CITY, MO.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME VICTOR ZUBER

13b. MOTHER'S MAIDEN NAME M. BRENNESON

14. NAME OF HUSBAND OR WIFE MASON HALL

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. UNKNOWN

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Geo. Roch, St. Joseph's Hill Inf. LUEBKA, MO.

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, ashenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIC POISONING

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CARDIAC CONGESTION

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 12/19, 1954, to 1/10, 1955, that I last saw the deceased alive on 1/10, 1955, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Name or title)

23b. ADDRESS 4322 ROLAND DR. MERAMOR

23c. DATE SIGNED 21, MAR 1/13/55

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE JAN. 15, 1955

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis, MO

DATE REC'D BY LOCAL REG. Jan 22-55

REGISTRAR'S SIGNATURE Ruth J. ...

FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly

ADDRESS 3860 Lender Blvd.

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI.

JAN 31 1955

DATE RECEIVED

JAN 24 1955

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 Wm. J. Sargent.....

Licensed Embalmer No. 461

P. O. Address 3840 Lind

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.