

FILED APR 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **14356**BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **890**

1. PLACE OF DEATH a. COUNTY ST. LOUIS Co.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ELLICVILLE, MO		c. LENGTH OF STAY (In this place) 10 MONTHS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		d. STREET ADDRESS (If rural, give location) 3137 Geyer Ave.		
d. FULL NAME OF HOSPITAL OR INSTITUTION SUNSET SANITARIUM				2179 1				
3. NAME OF DECEASED (Type or Print) Sophie			a. (First)		b. (Middle)		c. (Last) Zach	
4. DATE OF DEATH APRIL 15, 1955		(Month) (Day) (Year)		5. SEX FEMALE		6. COLOR OR RACE WHITE		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 1/2/1873		9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Julius Bitterlich			13b. MOTHER'S MAIDEN NAME Margaret Ackerman			14. NAME OF HUSBAND OR WIFE John Zach		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Edna E. Walsh ADDRESS 3137 Geyer 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC MYOCARDITIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIO SCLEROSIS DUE TO (c) SENILITY II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION 4221					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?		
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"/>						
22. I hereby certify that I attended the deceased from JUNE 1, 1954 , to APRIL 15, 1955 , that I last saw the deceased alive on APRIL 15, 1955 , and that death occurred at 1:00 P. M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) B. R. Loving, M.D.				23b. ADDRESS BALLWIN, MO.		23c. DATE SIGNED 4-16-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 4/18/55		24c. NAME OF CEMETERY OR CREMATORY Missouri		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. 4-18-55		REGISTRAR'S SIGNATURE Herbert R. Dombke, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schnur ADDRESS 3125 Lafayette Ave.				

522 (Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Thomas R. Lenwick

Signed.....

Student Embalmer

Licensed Embalmer No. 3793

P. O. Address 3125 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.