

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39953

STATE FILE NUMBER 10267

FILED NOV 29 1956

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10267

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| 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, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Incarnate Word Hosp. | | Length of stay in lb 4 days 20 39 | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Walter Louis Zager | | 4. DATE OF DEATH Month Day Year November 8 1956 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH November 13, 1900 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Supervisor | | 10b. KIND OF BUSINESS OR INDUSTRY Monsanto Chem. Co. | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. |
| 13. FATHER'S NAME William Zager | | 14. MOTHER'S MAIDEN NAME Edna Keil | |
| 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. 492-09-6012 | 17. INFORMANT Address Mrs. Anna V. Zager, 6549 Arsenal |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>mesenteric thrombosis</i> DUE TO (b) <i>infarcts; vegetation on cardiac appendage</i> DUE TO (c) <i>old rheumatic heart disease; mitral stenosis</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a): <i>Pulmonary infarct, left renal infarct, carcinoma of right lung</i> | | | INTERVAL BETWEEN ONSET AND DEATH 30 hrs. |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 410xH | |
| 20c. TIME OF INJURY. Hour Month, Day, Year a. m. p. m. | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from 2:00 P 19 53 to Nov 8, 1956 and last saw ^{her} him alive on Nov 8, 1956. Death occurred at _____ p. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <i>Retjean B. Kappesser, M.D.</i> | | 22b. ADDRESS 3284 Ivanhoe St. Louis, Mo | |
| 22c. DATE SIGNED 11/9/56 | | 23. LOCATION (City, town, or county) (State) Breese Illinois | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE Nov. 12, 1956 | |
| 23c. NAME OF CEMETERY OR CREMATORY St. Johns Ev. Cemetery | | 23d. LOCATION (City, town, or county) (State) Breese Illinois | |
| 24. FUNERAL DIRECTOR Hoffmeister Colonial Mortuary Chippewa | | 25. DATE REC'D. BY LOCAL REG. NOV 9 1956 | |
| 26. REGISTRAR'S SIGNATURE <i>Earl Smith MO</i> | | | |

00-56-0
DISEASES IN PART I MUST BE CASUALLY RELATED. CORONER CANNOT CERTIFY TO A DEATH DUE TO NATURAL CAUSES.
MEDICAL CERTIFICATION
SECTION, CORONER, etc., must use only embossed certificates.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Lewis C. Hoffmann*

Licensed Embalmer No. 39

P. O. Address 78148

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.