

FILED MAR 11 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH7388  
STATE FILE NUMBER

Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <b>Warren</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Warrenton</b>		c. CITY OR TOWN <b>St. Louis</b> <b>2 19 6</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Katie Jane Home</b>		d. STREET ADDRESS <b>3839 Westminister</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Annie Margaret Zacheis</b>		4. DATE OF DEATH Month Day Year <b>Feb. 17, 1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White C</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Mar. 4, 1875</b>
9. AGE (In years last birthday) <b>81</b>		10. FUNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Nashville, Illinois</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Michael Mayer</b>	
13b. MOTHER'S MAIDEN NAME <b>Anne Margaret Herman</b>		14. NAME OF HUSBAND OR WIFE <b>George Wm. Zacheis</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT Address <b>Edwin Jones, Richview, Illinois</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Verdict of Coroner's Jury.</b> Death due to fire at Katie Jane Home, about 2:35 P.M. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Origin of fire undetermined.</b> <b>9167</b> DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>40</b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) <b>Running of Katie Jane Home</b>	
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.) <b>Running home</b>		20f. CITY, TOWN, OR LOCATION <b>Warrenton Warren Mo</b>	
20g. COUNTY <b>109</b>		20h. STATE	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>3</b> <b>Coroner</b>		22b. ADDRESS <b>Warrenton, Missouri</b>	
22c. DATE SIGNED <b>3-16-57</b>		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>2-22-57</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>St. Pauls E&amp;R Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Nashville, Illinois</b>	
24. FUNERAL DIRECTOR <b>Robert N. Smith, Nashville, Ill</b>		25. DATE RECD. BY LOCAL REG. <b>3-16-57</b>	
26. REGISTRAR'S SIGNATURE <b>Lloyd Logan</b>		26. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *John J. Hialburg* .....  
Licensed Embalmer No. 3897 .....  
P. O. Address Warrenton, N .....

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.