

THE DIVISION OF HEALTH OF MISSOURI
FILED JUL 22 1957 STANDARD CERTIFICATE OF DEATH

25826

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. CO. 3058 Registrar's No. 177

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>	c. LENGTH OF STAY (in this place) <u>3 wks</u>	c. CITY OR TOWN <u>St. Charles</u>	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 <u>St. Charles Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>809 So. Main 09250</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Helen</u> b. (Middle) <u>Zerjav</u> c. (Last) <u>Zerjav</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 12, 1957</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>April 14, 1876</u>	9. AGE (In years last birthday) <u>81</u>	# UNDER 1 YEAR Months <u>2</u> Days <u>28</u>	# UNDER 6 MRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Austria</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>John Zerjav</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Zerjav, 324 Madison St. Charles</u>	
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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) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u>Diabetes Mellitus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>7 yr</u> <u>20 yr</u> <u>10 yr</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>H200</u>	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 NOV 18 1952 to July 13, 1957, that I last saw the deceased alive on July 7, 1957, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. H. Ferguson MD</u>	23b. ADDRESS <u>St. Charles, Mo</u>	23c. DATE SIGNED <u>July 17, 1957</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 15, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Charles, Mo.</u>
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DATE REC'D BY LOCAL REG <u>July 13-57</u>	REGISTRAR'S SIGNATURE <u>Marcella Wilson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. C. Dallenbauer Jan. St. Charles, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JUL 23 1957

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 *Frank R. Amalson*

Licensed Embalmer No. *485*

P. O. Address *St. Charles*

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.