

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020313  
STATE FILE NUMBER

318

1003

Registrar's No. 5857

FILED JUN 13 1958

Registration District No.

Primary Registration District No.

Registrar's No.

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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess		Length of stay in lb 0 80 yrs. 2w 9d	d. STREET ADDRESS (If outside, give location) 6131 Marwinette Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First August Middle H. Last Zacher			4. DATE OF DEATH Month June Day 4, Year 1958
5. SEX Male 0	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 December 21, 1877
9. AGE (In years last birthday) 80 yrs.		10. KIND OF BUSINESS OR INDUSTRY Luggage & Lea.Gds.	11. BIRTHPLACE (City and state or country) St. Louis, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Treasurer		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Paul Zacher		13b. MOTHER'S MAIDEN NAME Louise Streutker	14. NAME OF HUSBAND OR WIFE Mrs. Anna Zacher
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. 492-03-4294-A	17. INFORMANT Mrs. Anna Zacher Address 6131 Marwinette
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>bronchopneumonia</u> <u>rt. cerebral hemiplegia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>rt. cerebral hemiplegia</u> DUE TO (c) <u>Carcinoma Left Colon</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>Mar 13 58</u> <u>Mar 11 58</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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.) <u>NO</u>		20c. TIME OF INJURY Hour Month, Day, Year <u>153.8</u>	
20d. INJURY OCCURRED, WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 Death occurred at <u>2:10 P.M. June 4 1958</u> to <u>June 4 58</u> and last saw her alive on <u>June 4 1958</u> on the date stated above; and to the best of my knowledge, from the causes stated:			
22a. SIGNATURE <u>Hy. Thym</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>508 No. Grand</u>	22c. DATE SIGNED <u>6/5/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE June 7, 1958	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
24. FUNERAL DIRECTOR Beiderwieden F. H. Inc. 1936 St. Louis		25. DATE RECD. BY LOCAL REG. JUN 6 '58	26. REGISTRAR'S SIGNATURE <u>Carl Smith MD</u> <u>m 83</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

*in the Burial Etc*  
*PM*

**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 *Philip J. Krupnik*

Licensed Embalmer No. *3497*  
P. O. Address *St. Louis*

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.