

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034875

STATE FILE NUMBER

8592

SEP 22 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

S. 300
7-1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | |
|---|---|---|--|
| 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 Lutheran Hospital | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) 2159 4263 So. Compton Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Edward Middle T. Last Zych | | | 4. DATE OF DEATH Month Sept. Day 4, Year 1958 |
| 5. SEX Male <input type="checkbox"/> | 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 Dec. 15, 1913 |
| 9. AGE (In years last birthday) 44 | | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk | | 10b. KIND OF BUSINESS OR INDUSTRY California Mfg. Co. | 11. BIRTHPLACE (City and state or country) Collinsville, Ill. |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Martin Zych | |
| 13b. MOTHER'S MAIDEN NAME Martha Novack | | 14. NAME OF HUSBAND OR WIFE Eva Cotyk Zych | |
| 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. 488-01-3680 | 17. INFORMANT Eva Zych - 4263 So. Compton Ave. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of neck Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 199.1 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Metastatic Carcinoma of Mediastinum | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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.) None | | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | 20d. PLACE OF INJURY (Give address about home, farm, factory, street, office bldg., etc.) Home | | |
| 20e. CITY, TOWN, OR LOCATION St. Louis | COUNTY | STATE | |
| 21. I attended the deceased from Death occurred at June 15, 1958 6:15 P.M. and last saw her/him alive on Sept 4, 1958 and to the best of my knowledge, from the causes stated. | 22a. SIGNATURE (Degree or title) S. H. Wacker | | |
| 22b. ADDRESS So. Side St. Louis | | 22c. DATE SIGNED 9-15-58 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE Sept. 8, 1958 | 23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri |
| 24. FUNERAL DIRECTOR WACKER-HELDERLE - 3634 Gravois Ave. | | 25. DATE RECD. BY LOCAL REG. SEP 5 '58 | 26. REGISTRAR'S SIGNATURE Paul Smith MD |

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 J. [Signature]*
Licensed Embalmer No. *2267*
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.