

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038374  
STATE FILE NUMBER

FILED OCT 30 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9989

S. 300  
v. 1-57

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
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexian Bros. Hosp 7 weeks		Length of stay in 1b 7 1/2 weeks	d. STREET ADDRESS (If outside, give location) 3534a Harris Ave.

3. NAME OF DECEASED (Type or print) FRED D. ZSCHUNKE			4. DATE OF DEATH Month Day Year October 19, 1958		
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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 March 14, 1887	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired leather clerk	10b. KIND OF BUSINESS OR INDUSTRY leather	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Ernst Zschunke	13b. MOTHER'S MAIDEN NAME Bertha Nolte	14. NAME OF HUSBAND OR WIFE Louise Zschunke
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) No None	16. SOCIAL SECURITY NO. 490-01-7305	17. INFORMANT Louise Zschunke, 3534a Harris Ave.
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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>Acute SEPTICEMIA</i> <i>arterio sclerotic cordis. vascular. Heart disease</i> <i>acute decompensation</i> <i>Thrombosis Left iliac vein</i> <i>Multiple pulmonary abscesses</i>		INTERVAL BETWEEN ONSET AND DEATH 2 wks. 3 days 2 wks. 2 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (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) <i>Bilateral Pneumonia 2 wks 52 H</i>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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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
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21. I attended the deceased from Death occurred at 6 P. on the date stated above; and to the best of my knowledge, from the causes stated.	9/8/58 to 10/19/58 and last saw her alive on 10/19/58
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22a. SIGNATURE <i>J. J. Ciapich</i>	(Degree or title) 0	22b. ADDRESS 1901 Madison St	22c. DATE SIGNED 10/20/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-22-58	23c. NAME OF CEMETERY OR CREMATORY St. Paul Churchyard	23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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24. FUNERAL DIRECTOR Stock Mortuary, 2117 E. Grand Bl	ADDRESS	25. DATE RECD. BY LOCAL REG. OCT 20 58	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>
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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

MEDICAL CERTIFICATION

DR. CHIAPCIAK  
1901 MADISON

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 *Paul A. Wachter* .....

Licensed Embalmer No. *287* .....

P. O. Address: *Howe St* .....

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.