

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019732

STATE FILE NUMBER

2 5116

FILED JUN 4 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

health, Welfare, Public Service, 09, 000, -56, 41, diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. 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 Saint Louis TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Saint 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 Hospital			Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 4411 Forest Park			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) JOHANNA ZERWECK WACHTER				4. DATE OF DEATH Month Day Year May 26 1959			
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH August 26, 1870		9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and state or country) Lebanon, Illinois		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Charles Zerweck				14. MOTHER'S MAIDEN NAME Anna Kaub			
15. WAS DECEASED EVER IN U. S. ARMY FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Mrs. William Frank 625 South Skinker			
18. CAUSE OF DEATH (Enter only one possible per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE HEART FAILURE DUE TO (b) HYPERTENSIVE ARTERIOSCLEROTIC HEART DISEASE 443x Aug 19 1959 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) FELL OUT OF BED AT 9:15 AM ON 5-26-59 No EVIDENCE OF INJURY						INTERVAL BETWEEN ONSET AND DEATH 3 DAYS 10 YEARS	
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.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			ITEM 21 6-12-59 CORRECTED BY AFFIDAVIT OF PHYSICIAN				
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		STATE	
21. I attended the deceased from May 24 1959 to May 26 1959 and last saw her alive on May 26 1959 Death occurred at 3 AM 12:30 PM on the date stated above; and to the best of my knowledge from the causes stated.							
22a. SIGNATURE (Type or title) Leonard N. Piccione, M.D.				22b. ADDRESS Gene Reunert 6303 Natural Bridge Mo		22c. DATE SIGNED 5-27-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE May 28, 1959	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum		23d. LOCATION (City, town, or county) (State) St. Louis County Mo.		
24. FUNERAL DIRECTOR ADDRESS C.R. Lupton and sons 7233 Delmar Blvd			25. DATE RECD. BY LOCAL REG. MAY 27 59		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.		

(Licensed Embalmer's Statement on Reverse Side)

S.P.

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 *Clarence A. Murr*.....

Licensed Embalmer No. *40*.....

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.