

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-040448**

FILED VS NOV 9 1960

317

Primary Registration District No. 544

Registrar's No. 3084

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>ST LOUIS</b>	a. STATE <b>Mo</b>		b. COUNTY <b>ST LOUIS</b>
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>KIRKWOOD</b>	Length of stay in lb <b>22 1/2 HOUR</b>	c. CITY OR TOWN <b>WEBSTER GROVES</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST JOSEPH'S HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>425 CALIFORNIA AVE</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First <b>JAMES</b>	Middle <b>GORDON</b>	Last <b>ZACK</b>	Month <b>10</b>	Day <b>23</b>	Year <b>1960</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-30-1919</b>	9. AGE (last birthday) <b>41-4-13</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PUBLIC RELATIONS STAFF</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>MONSANTO CHEM. Co</b>	11. BIRTHPLACE (City and state or country) <b>HOLYOKE MASS</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>CHARLES S. ZACK</b>	13b. MOTHER'S MAIDEN NAME <b>MARY ELLEN GREAN</b>	14. NAME OF HUSBAND OR WIFE <b>MARION LANGEYIN ZACK</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES M.W. 2</b>	16. SOCIAL SECURITY NO. <b>016-10-3647</b>	17. INFORMANT <b>Mrs M.L. Zack 425 California St. S. 19 Mo</b>
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<b>Myocardial Infarction</b>	<b>3 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Coronary Thrombosis</b>	<b>3 hours</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)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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 <b>St. Louis Mo</b>	COUNTY <b>Mo</b>	STATE
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21. I attended the deceased from **1950** to **10/23/60** and last saw him alive on **10/23/60**  
Death occurred at **2:45 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>R. Meyers M.D.</b>	(Degree or title)	22b. ADDRESS <b>8059 Watson Rd</b>	22c. DATE SIGNED <b>10/24/60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>10-25-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>JEFFERSON BARRACKS Mo</b>
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24. FUNERAL DIRECTOR <b>MITTELBERG</b>	ADDRESS <b>WEBSTER GROVES Mo</b>	25. DATE RECD. BY LOCAL REG. <b>10-24-60</b>	26. REGISTRAR'S SIGNATURE <b>John B. Muffley M.D.</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Wm B. Embler

Licensed Embalmer No. 365

P. O. Address St. Louis, Mo.

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