DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 13 1961

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12595 STATE FILE NUMBER 60-048025

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Jewish Hospital
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: St. Louis
c. CITY OR TOWN: Affton
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 10729 Tesson Ferry Rd
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Zenas Middle: H. Last: Vernor
4. DATE OF DEATH: Month 12 Day 29 Year 60
5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/11/1908
9. AGE (last birthday): 52
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Paper Route
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Nashville, ILL.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Not Known
13b. MOTHER'S MAIDEN NAME: Elizabeth Ernest
14. NAME OF HUSBAND OR WIFE: Ruth Verner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 490-22-3457
17. INFORMANT: Ruth Vernor, Address: 10729 Tesson Ferry Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: carcinomatosis
IMMEDIATE CAUSE (a): CARCINOMATOSIS — INTERVAL BETWEEN ONSET AND DEATH: 9 mos
carcinoma of sigmoid colon
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): CARCINOMA SIGMOID COLON — 12 mos
DUE TO (c): 153.3

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 MARCH 1960, to DEC 29 1960 and last saw ~~her~~ him alive on 12-29-60
Death occurred at 3:00 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Martin A. Binder (Degree or title) M.D.
22b. ADDRESS: 4652 MARYLAND
22c. DATE SIGNED: 12-30-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 12/31/60
23c. NAME OF CEMETERY OR CREMATORY:
23d. LOCATION (City, town, or county) (State): Nashville, ILL.

24. FUNERAL DIRECTOR: John L. Ziegenhein & Sons, ADDRESS: 7027 Gravois
25. DATE RECD. BY LOCAL REG.: DEC 30 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Donald Berry

Licensed Embalmer No. 4163

P. O. Address St Louis

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