

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1160-61-007060**

**FILED VS FEB 20 1961**

1. PLACE OF DEATH - a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. Louis</b>		a. STATE <b>Missouri</b> b. COUNTY	
Length of stay in 1b		c. CITY OR TOWN <b>ST. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>D.O.A. City Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>3449 Wisconsin</b>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
<b>DARRELL-FRANK F. ZERN</b>			<b>Feb.</b>	<b>5</b>	<b>1961</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>July 23, 1892</b>	9. AGE (last birthday) <b>68</b>	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Watchman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and state or country) <b>Chicago, Illinois</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Frank Zern</b>		13b. MOTHER'S MAIDEN NAME <b>EMMA BERSHIN</b>		14. NAME OF HUSBAND OR WIFE <b>Theresa ZERN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W. #1</b>		16. SOCIAL SECURITY NO. <b>4201</b>		17. INFORMANT Address <b>Theresa ZERN 3449 Wisconsin</b>	

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>Chronic Hypertrophic</b>		
DUE TO (b) <b>Myocarditis with coronary</b>		
DUE TO (c) <b>Thrombus in the left third bifurcation</b>		
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"/> No <input type="checkbox"/> Unknown

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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		
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

21. I attended the deceased from 6:15 A to her and last saw him alive on the date stated above, and to the best of my knowledge, from the causes stated.

Death occurred at 6:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Paul Simon</b> (Degree or title) <b>Deputy Coroner</b>	22b. ADDRESS <b>1300 Clark</b>	22c. DATE SIGNED <b>4/6/61</b>
23a. BURIAL, CREMATION REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Feb. 8, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>
23d. LOCATION (City, town, or county) <b>ST. Louis, Co, Mo.</b>		(State)

24. FUNERAL DIRECTOR <b>Witt Bros. &amp; U.G. 2929 S. Jefferson</b>	25. DATE RECD. BY <b>FEB 6 1961</b> REG.	26. REGISTRAR'S SIGNATURE <b>Paul Smith, M.D.</b>
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ITEM NO. SHOULD READ INSTEAD OF DOCUMENT MEDICAL CERTIFICATION SHOULD BE READ INSTEAD OF AMENDED

**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 David C. With

Licensed Embalmer No. 4353

P. O. Address St. Louis, Mo

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.