

AMENDED

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4164 STATE FILE NUMBER

FILED MAY 19 1961

1. PLACE OF DEATH - a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b <u>D.O.A.</u>	c. CITY OR TOWN <u>Pagedale</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>City Morgue</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>7813 St. Charles Rd.</u> Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
Roy Samuel Zettler May 1, 1961

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 5-1917</u>	9. AGE (last birthday) <u>43</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Contracting</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		

13a. FATHER'S NAME Oscar Zettler 13b. MOTHER'S MAIDEN NAME Susie Bruner 14. NAME OF HUSBAND OR WIFE Grace Divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
Yes W.W.#2 17. INFORMANT Address  
Mildred Bialik 3241 Airway Av

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Chronic Coronary Heart Disease,  
 DUE TO (b) bilateral, causing about 80% obstruction,  
 DUE TO (c) Chronic Hypertrophic Myocarditis with infarction.  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201  
 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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
 Death occurred at \_\_\_\_\_ 330 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree of title) Paul J. Simon Deputy Coroner 22b. ADDRESS 1300 Clark 22c. DATE SIGNED 5/2/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 5-5-1961 23c. NAME OF CEMETERY OR CREMATORY National Cemetery 23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.

24. FUNERAL DIRECTOR ADDRESS Baumann Bros-Inc. 2504-Woodson Rd-Overland-14-Mo. 25. DATE RECD. BY LOCAL REG. MAY 2 1961 26. REGISTRAR'S SIGNATURE Paul Smith M.D.

**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. Gibson*

Licensed Embalmer No. 3457

P. O. Address Orlando

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.