

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8176 STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO. Length of stay in 1b 25hrs.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. NO. # Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MO. b. COUNTY _____
 c. CITY OR TOWN ST. LOUIS Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 511^e FASSEN ST. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
JOHN W. ZURFLUH AUGUST 31, 1961

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married
 Widowed Divorced 8. DATE OF BIRTH APR 22, 1887 9. AGE (last birthday) 74 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER BLDG + CON. TRADE DEPT 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) MISSOURI 12. CITIZEN OF WHAT COUNTRY U-S-A

13a. FATHER'S NAME AMBROSE ZURFLUH 13b. MOTHER'S MAIDEN NAME ELIZABETH NUNN 14. NAME OF HUSBAND OR WIFE MARIE ZURFLUH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 17. INFORMANT Address MARIE ZURFLUH 511^e FASSEN ST

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) PULMONARY EDEMA
 DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE
 DUE TO (c) 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ENCEPHALOMALACIA, RT. HEMISPHERE 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 8/30/61 - 4:57h to 8/31/61 and last saw her/him alive on 8/31/61
 Death occurred at 5:15 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Name and title) J. E. Brittingham M.D. 22b. ADDRESS 1515 LAFAYETTE AVE. 22c. DATE SIGNED 8/31/61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE SEPT. 4, 1961 23c. NAME OF CEMETERY OR CREMATORY ST. PETER + PAUL CEM 23d. LOCATION (City, town, or county) (State) ST. LOUIS MO.

24. FUNERAL DIRECTOR ADDRESS Thomas Kutis 2906 Gravoia 25. DATE RECD. BY LOCAL REG. SEP 3 1961 26. REGISTRAR'S SIGNATURE Paul Smith M.D.

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

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 Eleana Province

Licensed Embalmer No. 3403

P. O. Address 2906 Java

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.