

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-029346
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7575**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY FILED AUG 13 1962		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		Length of stay in 1b	c. CITY OR TOWN St Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 10080 Hedge Dr
3. NAME OF DECEASED (Type or print) First George Middle F Last Zach		4. DATE OF DEATH Month July Day 31 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/26/74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Beer Bottler		10b. KIND OF BUSINESS OR INDUSTRY Brewery	9. AGE (last birthday) 88
11. BIRTHPLACE (City and state or country) St Louis Missouri		12. CITIZEN OF WHAT COUNTRY U S	
13a. FATHER'S NAME William Zach		13b. MOTHER'S MAIDEN NAME Barbara Kral	
14. NAME OF HUSBAND OR WIFE Mary		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 153.3		17. INFORMANT Louise Zach 10080 Hedge Dr	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uterine carcinoma sigmoid with DUE TO (b) Generalized Metastases to CNS. DUE TO (c) ASHD - General Debility -			INTERVAL BETWEEN ONSET AND DEATH 1 yr -
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 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.)	
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 12/6/59 to 7/31/62 and last saw him alive on 7/31/62 Death occurred at 9:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Joan Smith</i>		22b. ADDRESS 10011 Bellefontaine Rd	
22c. DATE SIGNED 8/3/62		22d. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	
22e. DATE 8/3/62		22f. LOCATION (City, town, or county) St Louis County Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. FUNERAL DIRECTOR Moydell Funeral Home 1926 Allen	
24. FUNERAL DIRECTOR ADDRESS		25. DATE RECD. BY LOCAL REG. AUG 2 1962	
26. REGISTRAR'S SIGNATURE <i>Joan Smith, M.D.</i>		27. REGISTRAR'S SIGNATURE	

USE BLACK INK OR TYPEWRITER RIBBON

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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 Hadley F. Jaellu Jr
Licensed Embalmer No. 7950
P. O. Address St. Louis

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.