

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-033065- STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **51003** Registrar's No. **8304**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59	DATE AMENDED
1	
20500-4	
3	
4 0	
5 1	
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7 0	
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12 83-0	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF DOCUMENT

FILED AUG 31 1962

1. **FILED AUG 31 1962**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **MISSOURI** b. COUNTY **Jefferson**

c. CITY OR TOWN **HOUSE SPRINGS** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **RT #2** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **EMIL** Middle **LOUIS** Last **ZANZIE**

4. DATE OF DEATH Month **AUGUST** Day **26** Year **1962**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH **4-15-20** 9. AGE (last birthday) **42**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **bartender** 10b. KIND OF BUSINESS OR INDUSTRY **TAVERAN**

11. BIRTHPLACE (City and state or country) **st. LOUIS, MISSOURI** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **LOUIS ZANZIE** 13b. MOTHER'S MAIDEN NAME **ROSE BAST** 13c. NAME OF HUSBAND OR WIFE **ODELIA ZANZIE**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **YES 12-12-41 9-26-25**

17. INFORMANT Address **ODELIA ZANZIE**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Brain Stem Compression**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Cord Tumor**

DUE TO (c) **237X**

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. **VA** attended the deceased from **4-16-62** to **8-26-62** and last saw **him** alive on **8-26-62**

Death occurred at **2:00 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **JAMES J. GIFFIN, M.D.** (Degree or title) 22b. ADDRESS **M. D. VAH, ST. LOUIS, MISSOURI** 22c. DATE SIGNED **8-26-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 23b. DATE **AUG-29-1962** 23c. NAME OF CEMETERY OR CREMATORY **NATIONAL Cem.** 23d. LOCATION (City, town, or county) (State) **JEFFERSON BRKS Mo**

24. FUNERAL DIRECTOR **Fey Funeral Home, MEHLVILLE** ADDRESS 25. DATE RECD. BY LOCAL REG. **AUG 27 1962** 26. REGISTRAR'S SIGNATURE **Karl Smith, M.D.**

USE BLACK INK OR TYPEWRITER RIBBON

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 Gustav W. Dietele

Licensed Embalmer No. 4329

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.