MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-036914
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9096

FILED SEP 28 1962

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST.LOUIS — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CHRISTIAN HOSPITAL — Inside Limits Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 4007 N. 20th. St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First ALBERT Middle Last ZASTROW
4. DATE OF DEATH Month 9 Day 20 Year 62
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH 9-4-76
9. AGE (last birthday) 86 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Porter
10b. KIND OF BUSINESS OR INDUSTRY Record Recording
11. BIRTHPLACE (City and state or country) Germany
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Unknown Zastrow
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Anna Zastrow
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs.Anna Zastrow — Address 4007 N.20th.St. 7

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bilateral Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 48 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypostatic Cardiovascular Renal — ?
DUE TO (c) Renal Failure — 24 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Arteriosclerosis Generalized 442x
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 St-Louis COUNTY STATE Missouri

21. I attended the deceased from 9/18/62, to 9/20/62 and last saw him alive on 9/19/62
Death occurred at 12:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Anthony J. Vitale (Degree or title) MD
22b. ADDRESS 7150 Natural Bridge
22c. DATE SIGNED 9/20/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 9-22-62
23c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery
23d. LOCATION (City, town, or county) St. Louis County (State) Missouri

24. FUNERAL DIRECTOR Calvin F.Feutz — ADDRESS 4828 Natural Bridge Blvd.
25. DATE RECD. BY LOCAL REG. SEP 20 1962
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	22		2
3			
4	0		
5	1		
6			
7	2		
8	2		
9			
10			
11			
12	56-0		
13			

56

BY AFFIDAVIT OF DOCUMENT

Dr/Anthony J.Vitale
7150 Natural Bridge
EV 3-1192

Hours:
Thurs. [illegible]
Fri. 10:30 -12 1:30-6:00 PM

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 John A. Mlinar

Licensed Embalmer No. 4186

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.