

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045126
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **818** Secondary Registration District No. **1003** Registrar's No. **10571**

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH **FILED NOV 19 1962 ST. LOUIS**

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

a. COUNTY **ST. LOUIS** Length of stay in 1b **10 yrs.** c. CITY OR TOWN **ST. LOUIS** Inside Limits Yes No

a. STATE **MO.** b. COUNTY **ST. LOUIS** d. STREET ADDRESS (If outside, give location) **2225 PARK APT. 2** Reside on Farm Yes No

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **2225 Park Avenue** Inside Limits **NO** No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year

EDWARD ZURLIENE **Nov. 2 1962**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **1-29-1913** 9. AGE (last birthday) **49** IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **LABORER** 10b. KIND OF BUSINESS OR INDUSTRY **ELECTRICAL Co.** 11. BIRTHPLACE (City and state or country) **Aviston, Ill.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **George Zurliene** 13b. MOTHER'S MAIDEN NAME **Catherine VonLor** 14. NAME OF HUSBAND OR WIFE **Eleanor Zurliene**

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. **UNKNOWN** 17. INFORMANT Address **Eleanor Zurliene Beckermeyer, Ill.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) **Coronary Occlusion**

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

DUE TO (c) **420.1**

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. I attended the deceased from **5:00 p.** to **her** and last saw **him** alive on **m** on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at **m**

22a. SIGNATURE (Degree or title) **Deputy** 22b. ADDRESS **1300 Oak** 22c. DATE SIGNED **11-5-62**

23a. HOSPITAL CREATION, REMOVAL (Specify) **Removal** 23b. DATE **11-5-62** 23c. NAME OF CEMETERY OR CREMATORY **St. Francis** 23d. LOCATION (City, town, or county) (State) **Aviston, Ill.**

24. FUNERAL DIRECTOR ADDRESS **BRUGGE FUNERAL HOME BREEZE, ILL.** 25. DATE RECD. BY LOCAL REG. **11-5-1962** 26. REGISTRAR'S SIGNATURE **Road 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 Frank Prokop

Licensed Embalmer No. 4356

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.