

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.  
**12249**

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1170  
 Township \_\_\_\_\_ Primary Registration District No. 6248H  
 City Residence St. Louis No. St. Marys Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Margarett Leona Zacharias.

(a) Residence. No. 4127 Earlin Ave. St. \_\_\_\_\_ Ward. St. Louis, Mo.  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6/21/1892

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
36 8 21

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work \_\_\_\_\_  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) St. Louis Mo.

10. NAME OF FATHER Chas. Alvin Zacharias

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) N. York.

12. MAIDEN NAME OF MOTHER Alvena Ohme.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) St. Louis Mo.

14. INFORMANT Charles A. Zacharias (Address) 4127 Earlin Ave.

15. FILED 3/12 1929 L. H. Jussau REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/11/29 1929

17. I HEREBY CERTIFY, That I attended deceased from March 11, 1929, to March 11, 1929, that I last saw h.a. alive on March 11, 1929, and that death occurred, on the date stated above, at 6 P. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Meningococcic Septicemia,  
Meningococcic petechial  
hemorrhages (massive).  
 (duration) yrs. mos. 1 ds.

CONTRIBUTORY Cerebro-spinal meningitis (SECONDARY) (duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_ IF NOT AT PLACE OF DEATH. 4127 Earlin

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? Clinical and laboratory

(Signed) Alexander J. Kottkis, M. D. (Address) #4119 Earlin

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bellefontain Cemetery DATE OF BURIAL 3/14/29 1929

20. UNDERTAKER Provost Burial Co. ADDRESS 3710 N. Grand

N. B.—Every item of information should be carefully supplied. AGB should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. **WHILE PENDING, WITH UNPAID INARREST—THIS IS A PERMANENT RECORD**

*Rotkies*  
*20*  
*6*

*202*  
*1*  
*2*  
*1*

