

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE 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.

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

27538
 Do not use this space.

REC'D SEP 14 1939

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1008**
 (c) City **St. Louis, Mo.** (d) Street No. **City Sanitarium** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred **64** yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. **3600 S. Jefferson Ave.** St. **24**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 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 **Single**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **About 1875**
July 8 1874

7. AGE YEARS MONTHS DAYS 'If LESS than 1 day, hrs. or min.
About 64 yrs. 1 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Press Feeder**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Printing Plant**
 10. Date deceased last worked at this occupation (month and year) **1937** 11. Total time (years) spent in this occupation **6**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

FATHER 13. NAME **Paul Zacher**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Missouri**
Saxony Germany

MOTHER 15. MAIDEN NAME **Unknown**
Louise Streubel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Missouri**
Saxony Germany

17. INFORMANT (ADDRESS) **Arnold a. Cook M. D.**
5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE **CONCORDIA CEMETERY** DATE **Aug 15 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Frederick Journal**
1936 N. Main St.

20. FILED **AUG 14 1939**
J.F. Brubaker
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 12/39** 19

22. I HEREBY CERTIFY, That I attended deceased from **7-1-38**, 19, to **8-12/39**, 19

I last saw him alive on **Aug. 12, 1939**. Death is said to have occurred on the date stated above, at **10:30 A. M.**
 The principal cause of death and related causes of importance were as follows:

Coronary Occlusion.
(onset) 8-12-39

Date of onset **8-12-39**

Other contributory causes of importance: **None**

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? **E. C.**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....
 (Signed) **Arnold A. Cook**, M. D.
 (Address).....

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.....

Max Warfel

Registered Apprentice No.....

215

working under my personal supervision.

Signed.....

Max Warfel

Licensed Embalmer No.....

3737

P. O. Address.....

1936 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 this body is not embalmed, above space should be left blank.