

S. No. 2
M-1-4-41
v. 5-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26517

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6309

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
000
179
99

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute to City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME George Albert Zacher
3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased August 17, 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
00 11 14 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business.....

12. Name George Zacher

13. Birthplace St. Louis
(City, town, or county) (State or foreign country)

14. Maiden name Barbara Werder

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant George Zacher

(b) Address 2421 N. Florrisant Ave.

17. (a) Burial (b) Date thereof Aug. 2, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Weick Bros. Und. Co.

(b) Address 2201 S. Grand Bl.

19. (a) AUG - 1 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2421 N. Florrisant Ave. 26
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
Attending Physician
yes same country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 31
year 1941 hour 41 minute 0 P. M.
21. I hereby certify that I attended the deceased from.....
..... 19..... to..... 19.....

that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Broncho Pneumonia
Due to primary
Due to.....
Other conditions 107
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy 107a

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
.....

(Specify type of place) While at work?..... Means of injury.....
23. Signature Alfred Perry (M. D. or other) 3
Address Albany, Conn. Date signed 8/14/41

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.....
....., Registered Apprentice No.....
working under my personal supervision,

NOT EMBALMED

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.