

REG AUG 6 1942

Registration District No. 791

Primary Registration District No. 1003

1003

6290

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Masonic Home of Missouri 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 6 mos.
(Specify whether
In this community 1 yr 6 mo.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5351 Delmar Blvd.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Carl Zautner

3. (b) If veteran, name war NO 3. (c) Social Security No. none

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, 2 divorced wid-
6. (b) Name of husband or wife Minnie Krahn BAUTNER 6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 22, 1849
(Month) (Day) (Year)

8. AGE: Years 93 Months 5 Days 1 If less than one day hr. min.

9. Birthplace Dachwig, Germany (City, town, or county) (State or foreign country) 4

10. Usual occupation Chief of Police

11. Industry or business

MOTHER FATHER { 12. Name John Henry ZAUTNER
13. Birthplace Germany (City, town, or county) (State or foreign country) 4
14. Maiden name Augusta Schoenhist
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Iva Hirsch
(b) Address 5351 Delmar

17. (a) Burial (b) Date thereof 7-25-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Alexander Sons
(b) Address 6175 Delmar Blvd.

19. (a) JUL 25 1942 (b) J.T. Braduch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1942 hour 6 minute 50 AM.

21. I hereby certify that I attended the deceased from JAN.
Jan -8 1941 to July-23 1942
that I last saw him alive on July-23 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 2 days
Due to Hypertension 18mo.

Due to 9/18/42
Other conditions (Include pregnancy within 3 months of death) 9/18/42

Major findings: Of operations 9/18/42 PHYSICIAN —
Of autopsy 9/18/42 Underline the cause to which death should be charged statistically.

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? _____

While at work? (Specify type of place) (c) Means of injury D
23. Signature John Hirsch M. D. or other D
Address 5351 Delmar Blvd. Date signed _____

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 Raymond L. Morris, Registered Apprentice No. 290 working under my personal supervision.

Signed Geo. E. McCulloch
Licensed Embalmer No. 2468
P. O. Address 6175 Delmar

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.