

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 11 1942
318

Registration District No.

Primary Registration District No. 100

Registrar's No. 9162

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 1609 S. 13th St. 1
(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 LOUISA ZAKRZWSKI.

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, widowy 2 divorced widowy

6. (b) Name of husband or wife HERMAN ZAKRZWSKI 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased DECEMBER 18 1861
(Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

11. Industry or business _____

MOTHER FATHER { 12. Name ANTHONY FRANZ.

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

14. Maiden name LOUISE UNKNOWN.

15. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. Ding.

(b) Address 1609 S. 13th St.

17. (a) BURIAL (b) Date thereof NOV 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW SS. PETER + PAULS.

18. (a) Signature of funeral director E. J. Schuur

(b) Address 3125 Lafayette av.

19. (a) NOV 3 1942 (b) J. F. Pudek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS 239
(If outside city or town limits, write "RURAL")
(d) Street No. 1609 S. 13th St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 2
year 1942 hour _____ minute 7A M.

21. I hereby certify that I attended the deceased from Oct 27 1942 to NOV 2 1942
that I last saw her alive on NOV 2 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 2x

Due to _____

Due to _____

Other conditions halitosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature M. N. Gumbaz (M. D. or other) 0

Address Bl. M. Gumbaz St. Date signed 11-3-42

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

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.

Signed..... *Joseph Volkmann*
Licensed Embalmer No. *4014*
P. O. Address *3125 Lafayette Ave*

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.