

FILED DEC 21 1942

10420

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Sanitarium 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 yrs. 6 mos. 14 ds.
(Specify whether years, months or days)
 In this community 70 yrs. 11 mos. 11 ds.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 00013
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2216A- Nebraska Ave.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MARY ZACHER
 3. (b) If veteran, name war -
 3. (c) Social Security No. -

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 12
 year 1942 hour 5:45 minute _____ P. A. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Frank Zacher
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased January 2, 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-13-42, 19____, to 12-12-42, 19____;
 that I last saw her alive on 12-12-42, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 11 Days 11
 If less than one day _____ hr. _____ min.

Immediate cause of death
Acute Cardiac Failure
secondary to Arteriosclerotic
Heart Disease 7-13-42

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation None

Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business _____
 12. Name Dan McCarthy
 13. Birthplace unknown Ireland
(City, town, or county) (State or foreign country)
 14. Maiden name Millicent Smallwood
 15. Birthplace Lemington, England
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy Yes
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. John Peters
 (b) Address 2216 Nebraska Avenue
Burial
 17. (a) _____ (b) Date thereof 12-15-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bellefontaine Cemetery
 18. (a) Signature of funeral director Albert H. Hoppe, Inc
 (b) Address 4700 Washington Blvd.
 19. (a) DEC 14 1942 (b) J. F. Breda
(Date received for registration) (Registrar's signature)

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? _____ (a) Means of injury _____
 23. Signature Anthony K. Burch (M. D. or other) _____
 Address 5400 Arsenal St. Date signed 12/13/42

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

Trace

Morton

844

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.....

W. W. Wilkinson

Licensed Embalmer No..... *3575*

P. O. Address..... *St. Louis 210*

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.