S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 921

FILED JAN 19 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 189

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: City Hospital #1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 12 91
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3517 Lucas Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Zak
3. (b) If veteran, name war ******
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Unknown 9
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unknown (Month) (Day) (Year)
8. AGE: Years About 55 Months Days If less than one day hr. min.
9. Birthplace Poland (City, town, or county) 4 (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business Self
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Thomas F Callaman
(b) Address Coroners Office
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 9 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Memoriel Park
18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave
19. (a) JAN 8 1943 (Date received local registrar) (b) J. F. Bruecke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6th day January year 1943 hour 11:45 minute A 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.

Duration

Immediate cause of death Subarachnoid hehorrhage of Brain, Pulmonary Infraction, Fracture left femur when he fell from a ladder while
Due to working at 6502 Olive Street Road University City Missouri December
Due to 24th 1942 Exact Hour Unknown
Other conditions
(Include pregnancy within 3 months of death)
Accident
Major findings:
Of operations
Of autopsy

PHYSICIAN
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) Accident 000
(b) Date of occurrence Dec. 24th, 1942
(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? About Home (Specify type of place)
While at work? (e) Means of injury
23. Signature Thomas F Callaman (M. D. or other)
Address Deputy Coroner Date signed 8-43

(Licensed Embalmer's Statement on Reverse Side)

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 Frank J. Bauer

Licensed Embalmer No. 2245

P. O. Address St Louis Mo

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.