S. No. 2
M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 3 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22777

Registration District No. 318 Primary Registration District No. 100 Registrar's No. 6697

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 ~~Edward J. Zager~~ 1687 McLaren Ave.
(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:

(a) State Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1687 McClaren Ave. 9
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Edward J. Zager

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Grace Zager

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Jan. (Month) 2 (Day) 1892 (Year)

8. AGE: Years 53 Months 6 Days 27 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Wholesale Produce

11. Industry or business

FATHER 12. Name Reinhard Zager

13. Birthplace Dont Know (City, town, or county) Illinois 1 (State or foreign country)

MOTHER 14. Maiden name Annie Quirk

15. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Grace E. Zager

(b) Address 1687 McClaren Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-1-45 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) Date filed JUL 30 1945 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

JUL 30 1945

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1945 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from May 22, 1945, to July 28, 1945, that I last saw him alive on July 28, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	4 mo. ?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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)

(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? (e) Means of injury 0

23. Signature Eugene L. Arnold (M. D. or other) M.D.

Address 1449 McLaran Date signed 7/30/45

(Licensed Embalmer's Statement on Reverse Side)

Dr Arnold
1449 Mt Lane
1-3

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell Blvd

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.