

1. PLACE OF DEATH:
 (a) County St Louis
 (b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St Louis County Hospital 0
(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 Ruby L. Zahner
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased Aug. 22 1904
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	41	8	25	_____ hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Noble Chandler

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

14. Maiden name Unknown

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

16. (a) Informant Edward Zahner

(b) Address 2611 Cecelia-Brentwood, Mo.

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

(c) Place: burial or cremation New SS Peter & Paul

18. (a) Signature of funeral director Louis H. Bonn, Inc.

(b) Address Kirkwood, Mo.

19. (a) 2-20-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St Louis 96
 (c) City or town Brentwood 9
(If outside city or town limits, write "RURAL")
 (d) Street No. 2611 Cecelia 1
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 th 17 day 17th
 year 46 hour 9 minute 59 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.

Immediate cause of death carbon monoxide poisoning Duration _____

Due to Fire in home - caused by smoking in bed.

Due to _____ 17 5/17/46

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

Major findings: _____
 Of operations _____

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. 96

(b) Date of occurrence 5/17/46

(c) Where did injury occur? Brentwood, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? _____ (Specify type of place)
 (e) Means of injury Carbon monoxide poisoning

23. Signature Amald J. Willmann 3 XXXXXX
 Address Clayton, Mo. Coroner
 Date signed 5/20/46

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..... *Felix Demand*

Licensed Embalmer No. *3034*

P. O. Address *Kirkwood 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.