

**FILED** JUN 24 1946

Registration District No. 317

Primary Registration District No. 3064

Registrar's No. 1319

**1. PLACE OF DEATH:**

(a) County ST. LOUIS

(b) City or town FERGUSON  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
231 NEWELL DRIVE  
(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 5 MONTHS

8. (a) PRINT FULL NAME MARY ZACHER

8. (b) If veteran,  name war \_\_\_\_\_

8. (c) Social Security No. ✓

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife JOHN ZACHER

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

7. Birth date of deceased JAN 2 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75 5 15 hr. min.

9. Birthplace FREEBURG TOWNSHIP ILLINOIS  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWOMAN

11. Industry or business AT HOME

MOTHER FATHER { 12. Name JANE PROCASEY

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

14. Maiden name ELIZABETH SEMMLER

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

16. (a) Informant John Hild

(b) Address 231 NEWELL DRIVE

17. (a) REMOVAL (b) Date thereof JUNE 17 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FREEBURG ILL

18. (a) Signature of funeral director John E. Schatzel Jr

(b) Address Freeburg Ill

19. (a) 6-20-46 (b) E. H. McHannay  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State ILLINOIS (b) County ST. CLAIR

(c) City or town FREEBURG ILL  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month JUNE day 17 year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Mar. 5 1946 to June 17 1946 that I last saw her alive on June 17 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to exhaustion and Hypostatic embolism

Other conditions (Include pregnancy within 3 months of death) None

Major findings: obstruction of coronary arteries

Of operations none

Of autopsy none

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 G. P. Ruddle (M. D. or other) ✓

Address 1259 N. Kings Highway Date signed 6-18-46

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

DEC 13 1946

**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 <sup>NOT</sup>.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed John G. Sintzel, Jr.  
Licensed Embalmer No. 2914  
P. O. Address Freeburg Illinois

**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, above space should be left blank.**