

No. 2  
M-5-43  
7. 5-17-39  
P I X36671

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
BUREAU OF THE CENSUS  
STANDARD CERTIFICATE OF DEATH

State File No. **22369**  
Registrar's No. **5468**

Registration District No. **318**  
Primary Registration District No. **1002**

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town **St. Louis, Missouri**  
(c) Name of hospital or institution: **St. Louis City Hospital  
Max C. Starkloff Memorial**  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days

3. (a) PRINT FULL NAME **JOHN ZUHONE**  
3. (b) If veteran, name war **No.**  
3. (c) Social Security No.....

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Ada**  
6. (c) Age of husband or wife if alive **58** years  
7. Birth date of deceased **March 21 1886**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**60 2 27** hr. min.

9. Birthplace **Pattonville Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Cutter**

11. Industry or business **International Shoe Co**

MOTHER FATHER { 12. Name **Henry Zuhone**  
13. Birthplace **Unknown**  
14. Maiden name **Louise Unknown**  
15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ada Zuhone**  
(b) Address **4635 Quincy St**

17. (a) **Burial** (b) Date thereof **6Sun 21 46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: **Sunset Burial Park**

18. (a) Signature of funeral director: **Krigshauser**  
(b) Address **4228 So Kingshighway**

19. (a) **JUN 20 1946**  
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo** (b) County **pad**  
(c) City or town **St. Louis**  
(d) Street No. **4635 Quincy St**  
(e) Citizen of foreign country?.....  
If yes, name country.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **June** day **18**  
year **1946** hour **10:10** minute **P** M.  
21. I hereby certify that I attended the deceased from **June 6**  
19 **46** to **June 18** 19 **46**  
that I last saw h. **in** alive on **June 18** 19 **46**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Myocardial Infarction**  
Due to.....  
Due to **Arteriosclerotic Cardiovascular Disease**  
Other conditions:  
Major findings: **92**  
Of autopsy: **None**  
Duration **12 days**  
**2 years**  
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?.....  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

23. Signature **Robert C. Suet** (M. D. or other)  
Address **1515 Lafayette Avenue** Date signed **6/19/46**

(Licensed Embalmer's Statement on Reverse Side)

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

21238

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**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 Edwin D Mc Dermott  
Licensed Embalmer No. 3024  
P. O. Address.....

**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.**