7. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 21 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 26997

Registrar's No. 6694

1. PLACE OF DEATH:

(a) County

(b) City or town: ST. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Infirmary Hospital
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 9-26-46 to 7-15-47 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: O-T-U

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

(d) Street No.: 2019 A Park 9
(If rural, give location)

(e) Citizen of foreign country? 23 (Yes or No) J

If yes, name country

3. (a) PRINT FULL NAME: George Zacher

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: Infant

6. (b) Name of husband or wife

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

7. Birth date of deceased: Aug. (Month) 18 (Day) 1946 (Year)

8. AGE: Years | Months: 10 | Days: 27 | If less than one day: hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name: George
13. Birthplace: MO. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Barbara WERDER
15. Birthplace: MO. (City, town, or county) (State or foreign country)

16. (a) Informant: City Infirmary Records
(b) Address: 5800 Arsenal ST.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation: NEW ST. MARCUS CEM.

18. (a) Signature of funeral director: Thos. Kutis & Son
(b) Address: 2906 Broadway

19. (a) JUL 16 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1947 hour 6 minute 20 A.M.

21. I hereby certify that I attended the deceased from 9 - 26 1946 to 7 - 15 1947 that I last saw him alive on 7 - 15 1947 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Congenital malformation of central nervous system

Due to: meningocele 15 yr.

Due to:

Other conditions (Include pregnancy within 3 months of death): 157

Major findings:
Of operations:

Of autopsy:

PHYSICIAN

Underline the cause of 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

23. Signature: U. P. Shoney (M. D. or other)

Address: 5600 Arsenal Date signed: 7-15-47

Jefferson City Printing Co.

(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 Homer C Dill

Licensed Embalmer No. 4347

P. O. Address 2906 Francis

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.