

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39966
9444

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____			
b. CITY OR TOWN ST. LOUIS Mo		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN ST. LOUIS 2239			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1923 PARK				2. STREET ADDRESS (If rural, give location) 2627 1/2 ST. VINCENT			
3. NAME OF DECEASED (Type or Print) GEORGE		a. (First)		b. (Middle) -		c. (Last) ZAGIB	
4. DATE OF DEATH OCT. 22 1951		(Month)		(Day)		(Year)	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH SEPT. 15, 1898	
9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Mts.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER			10b. KIND OF BUSINESS OR INDUSTRY CITY WATER DEPT			11. BIRTHPLACE (State or foreign country) SYRIA	
12. CITIZEN OF WHAT COUNTRY? _____							
13a. FATHER'S NAME FARGEN ZAGIB			13b. MOTHER'S MAIDEN NAME KATHERINE			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS NAKLY ZAKIBE 3216 REGAL PL			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound of skull and brain; Internal hemorrhage following gunshot wound of left lung; suffered when shot with .38 Smith & Wesson revolver. II. OTHER SIGNIFICANT CONDITIONS Unknown man in attempted hold up of store at 1923 Park Ave. about 1000 p.m. Home side.					
19a. DATE OF OPERATION Oct 22 1951		19b. MAJOR FINDINGS OF OPERATION				19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMEKID		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Store		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo			
21d. TIME OF INJURY Oct 22 5:10 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1000 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Patrick E Taylor Coroner				23b. ADDRESS 31300 Clark		23c. DATE SIGNED 10-25-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE OCT. 26 1951		24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo	
DATE REC'D BY LOCAL REG. OCT 25 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Gravois			

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

NOV 27 1951

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Leo J. Budd* _____

Licensed Embalmer No. *3989* _____

P. O. Address *St. Louis, 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.