

STANDARD CERTIFICATE OF DEATH

40179

State File No.

FILED DEC 14 1951

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3710

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>PINE LAWN</u> <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pine Lawn</u>	
c. LENGTH OF STAY (in this place) <u>2 WKS.</u>		d. STREET ADDRESS (If rural, give location) <u>3709 Manola</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shamrock Nursing Home</u>			

3. NAME OF DECEASED a. (First) <u>Herman</u> (Type or Print)		b. (Middle) <u>J</u>		c. (Last) <u>Zick</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11</u> <u>16</u> <u>51</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>7-2-1879</u>	
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>unknown</u>		11. BIRTHPLACE (State or foreign country) <u>Germany</u>	
11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Herman Zick</u>		13b. MOTHER'S MAIDEN NAME <u>U nknown</u>		14. NAME OF HUSBAND OR WIFE <u>Anna (Deceased.)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Louise Reprogle 2118a So 11th St</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u> <u>arteriosclerotic Cardiovascular disease.</u> DUE TO (c) <u>Residuals of previous Cerebral vascular accidents</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>unknown</u> <u>over 1 year</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>422b</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>0</u>	

22. I hereby certify that I attended the deceased from Nov 2, 1951 to Nov 16, 1951, that I last saw the deceased alive on Nov 12, 1951, and that death occurred at 6:15A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lewis Lettmann M.D.</u>		23b. ADDRESS <u>8231 Clayton Rd (17)</u>		23c. DATE SIGNED <u>11/16/51</u>	
--	--	---	--	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>11-19-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cem</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>	
---	--	------------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. <u>11-16-51</u>		REGISTRAR'S SIGNATURE <u>Robert R Donke</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Moynell Funeral Home 1926 A 11en</u>	
---	--	--	--	---	--

WRITE PLAINLY—USING 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 me
and George Soboda Jr
working under my personal supervision.

Signed.....
Student Embalmer

Signed Dale A. Traumann
Student Embalmer No. 421

Licensed Embalmer No. 4533

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.