

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 516

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI.</u> b. COUNTY <u>ST. LOUIS,</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JENNINGS,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JENNINGS,</u> 4188	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8506 HAMILTON AVE.</u>		d. STREET ADDRESS (If rural, give location) <u>8506 HAMILTON AVE.</u>	

3. NAME OF DECEASED (Type or Print) <u>HENRY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 24, 1952</u>		
a. (First)	b. (Middle)	c. (Last)	a. (First)	b. (Middle)	c. (Last)
<u>HENRY</u>	<u>-</u>	<u>ZIRKEL</u>	<u>FEB.</u>	<u>24</u>	<u>1952</u>
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED. 1</u>	
8. DATE OF BIRTH <u>MAY 28, 1875</u>		9. AGE (In years last birthday) <u>76</u>		10. IF UNDER 1 YEAR Days <u>8</u> Hours <u>37</u> Min.	
10a. 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>RAILROAD.</u>		
11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MO</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>NOT KNOWN.</u>		13b. MOTHER'S MAIDEN NAME <u>NOT KNOWN.</u>		14. NAME OF HUSBAND OR WIFE <u>AGNES ZIRKEL</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. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Agnes Zirkel 8506 Hamilton av.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		ANTECEDENT CAUSES		<u>7 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Ch. Arteriosclerotic</u>		<u>10 years</u>	
DUE TO (c) <u>Heart Disease</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4200</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (Min.)		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 2/21/52 to 2/24/52, that I last saw the deceased alive on 2/24, 1952, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE Francis J. Miller MD (Degree or title) 23b. ADDRESS 2411 W. Johnson 23c. DATE SIGNED 2/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE FEB. 27, 1952 24c. NAME OF CEMETERY OR CREMATORY CITY HILL CEMETERY 24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.

DATE REC'D BY LOCAL REG. 2-26-52 REGISTRAR'S SIGNATURE Herbert R. Donker 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Buchholz-Holler 5967 W. Florissant, av

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

1022

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 Francis Williamson

Licensed Embalmer No. 3565

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.