

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11073

State File No.

FILED MAR 19 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3068 Registrar's No. 371

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>MAPLEWOOD</u>	c. LENGTH OF STAY (In this place) <u>3 YRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MAPLEWOOD</u>	<u>4554</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>2911 COLEMAN</u>		d. STREET ADDRESS (If rural, give location) <u>2911 COLEMAN</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>F</u> c. (Last) <u>ZAIZ</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1 30 52</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>4-23-1869</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>8</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
--------------------	-------------------------------	---	-----------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BLACKSMITH</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>BLACKSMITH</u>	11. BIRTHPLACE (State or foreign country) <u>AUSTRIA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
---	---	--	---

13a. FATHER'S NAME <u>UNKNOWN ZAIZ</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>MAHALA ZAIZ</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give way or dates of service) <u>NONE</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CHARA BOCK 2911 COLEMAN</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral of Sigmoid</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>Aug 29-51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Cerebral of Sigmoid</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) 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 Aug 16 1951, to Jan 30, 1952, that I last saw the deceased alive on Jan 30, 1952, and that death occurred at 12 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. St. John</u> (Degree or title)	23b. ADDRESS <u>3903 Olive</u>	23c. DATE SIGNED
---	--------------------------------	------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-2-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO. MO</u>
---	-------------------------	--	---

DATE REC'D BY LOCAL REG. <u>2-1-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Danaher M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>JAY B. SMITH FUNERAL HOME 7456 MANCHESTER - MAPLEWOOD. MO</u>
--	--	---

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

004
1

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.....

H. E. Burgess

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

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.