

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12116

State File No. _____

BIRTH NO. 19979 REG. DIST. NO. 12 PRIMARY REG. DIST. NO. 1000 Registrar's No. 166

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	c. LENGTH OF STAY (In this place) <u>2 Days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph, Mo. 0117</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>423 No. 11th 0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sally</u> b. (Middle) _____ c. (Last) <u>Zuchowski</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 27, 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Apr. 25, 1952</u>	9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>2</u>	IF UNDER 48 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Mo. 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Paul F. Zuchowski</u>	13b. MOTHER'S MAIDEN NAME <u>Alice Geraldine Pickerel</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Paul F. Zuchowski</u>	ADDRESS <u>St Joseph, Mo.</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity + Neonatal Jaundice</u>		
	ANTECEDENT CAUSES Morbid 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 _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>7625</u>
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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? _____
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22. I hereby certify that I attended the deceased from 4/25, 1952, to 4/27, 1952, that I last saw the deceased alive on 4/27, 1952, and that death occurred at 3:45 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Leo C. Benson M.D.</u> (Degree or title)	23b. ADDRESS <u>510 Corby Bldg.</u>	23c. DATE SIGNED <u>4/28/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 28, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 1, 1952</u>	REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Heerman W. Sidenfaden</u>	ADDRESS <u>1802 University</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

117

No. 300
10-46

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 *Robert H. Maple* _____

Licensed Embalmer No. 3308 _____

P. O. Address St. Joseph, 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.