

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

FILED JAN 28 1953

State File No. **3989**
Registrar's No. **0383**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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| 1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis d. STREET ADDRESS (If rural, give location) 4373 Wallace Ave. | |
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| 3. NAME OF DECEASED a. (First) NICKOLAUS b. (Middle) _____ c. (Last) ZAHNER | | | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 10 1953 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH May 3, 1899 | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber-Mike Pfeiffer Barber Shop | | 10b. KIND OF BUSINESS OR INDUSTRY Barber Shop | | 11. BIRTHPLACE (City and State or Foreign Country) Austria | |

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| 13a. FATHER'S NAME Andrew Zahner | 13b. MOTHER'S MAIDEN NAME Lena Schriodo | 14. NAME OF HUSBAND OR WIFE Theresa Zahner |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? No | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME Theresa Zahner |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cardiac Pump made</i> DUE TO (c) <i>Ruptured Aortic</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Aneurysm</i> | | INTERVAL BETWEEN ONSET AND DEATH _____ |
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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____ | |
| 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? _____ | |

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 **9:50 P.M., from the causes and on the date stated above.**

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| 22a. SIGNATURE <i>Patrick E Taylor</i> | 22b. ADDRESS 1300 Clark | 22c. DATE SIGNED 1-12-53 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE JAN 15 1953 | 24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. |
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| DATE REC'D BY LOCAL REG. JAN 13 1953 | REGISTRAR'S SIGNATURE <i>J. C. Smith</i> | 25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser 4228 S. Kingshighway Bl |
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Edwin M. Herriott

Licensed Embalmer No. 3024

P. O. Address _____

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.