

FILED NOV 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41617**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **2796**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY OR TOWN PINE LAWN c. LENGTH OF STAY (in this place) 20 YRS		c. CITY OR TOWN PINE LAWN d. Is Residence within limits of a city or incorporated town? Yes No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6228 LEXINGTON		e. STREET ADDRESS (If rural, give location) 6228 LEXINGTON	

3. NAME OF DECEASED (Type or Print) ROBERT	a. (First) A	b. (Middle) ZAHN	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) OCT-28-1953
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT-26-1899	9. AGE (In years last birthday) 54	10. If UNDER 1 YEAR: Months 0 Days 2	11. If OVER 1 YEAR: Hours 2 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAPER CARRIER DAILY PAPER	10b. KIND OF BUSINESS OR INDUSTRY PAST-Y GLOBE	11. BIRTHPLACE (City and State or Foreign Country) MANCHESTER-N.H.	12. CITIZEN OF WHAT COUNTRY? U.S
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13a. FATHER'S NAME ANDREW ZAHN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE IRENE ZAHN
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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) NO	16. SOCIAL SECURITY NO. 494-10-2964	17. INFORMANT'S SIGNATURE OR NAME Mrs. Irene Zahn Lexington	ADDRESS 6228
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial infarction		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Chronic of Liver		
	DUE TO (c) Chronic Alcoholism		
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	5811	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)
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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 **7/21**, 19**48**, to **10/28**, 19**53**, that I last saw the deceased alive on **10/27**, 19**53**, and that death occurred at **9 A.** m., from the causes and on the date stated above.

23a. SIGNATURE Dr. Salerno	(Degree or title) D.O.	23b. ADDRESS 7300 Florence Rd	23c. DATE SIGNED 10/29/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE OCT-31-1953	24c. NAME OF CEMETERY OR CREMATORY HIRAM CEM ST. LOUIS COUNTY	24d. LOCATION (City, town, or county) (State) MO
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DATE REC'D BY LOCAL REG. 10/30/53	REGISTRAR'S SIGNATURE Hebert B. ...	25. FUNERAL DIRECTOR'S SIGNATURE Walter B. Tanner	ADDRESS 6187 Natural Bridge
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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.....
Signature of Student Embalmer

Signed.....
J. W. Dumbley

Licensed Embalmer No..... *365*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.