

FILED APR 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. 14575

No. 300
10-48

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 500		Registrar's No. 811	
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 (If outside corporate limits, write RURAL and give township) OR TOWN Normandy		c. LENGTH OF STAY (In this place) 2 days		c. CITY OR TOWN Jennings 4/4 8 St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7560 Norwalk Lane				e. STREET ADDRESS (If rural, give location) 7541 Calvin Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Karl		b. (Middle) Louis		c. (Last) Zander		4. DATE OF DEATH (Month) (Day) (Year) April 4, 1954	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 15, 1876	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paper Broker		10b. KIND OF BUSINESS OR INDUSTRY Self-Retired		11. BIRTHPLACE (City and State or Foreign Country) Mischcot, Wisconsin		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Fred Zander			13b. MOTHER'S MAIDEN NAME Rose (Unknown)		14. NAME OF HUSBAND OR WIFE Victoria M. Zander		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY No 486-09-3358		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Victoria Zander, 7541 Calvin			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarct. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Emphysema senile.				INTERVAL BETWEEN ONSET AND DEATH 10 Min 10 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				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)		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 _____, 1949, to April 4, 1954, that I last saw the deceased alive on April 2, 1954, and that death occurred at 1:52 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Paul Kennedy, M.D.				23b. ADDRESS 721 Olive St. St. Louis		23c. DATE SIGNED 4-4-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 4/6/54		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri	
DATE REC'D BY LOCAL REG. 4-5-54		REGISTRAR'S SIGNATURE Herbert R. Donahue, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PROVOST UND. CO., 3710 No. Grand Bl.			

S-21 (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.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 1470

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.