

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

State File No. **43095**  
Registrar's No. **3087**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>St Louis</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give town or TOWN <b>Affton</b> )		c. CITY OR TOWN <b>Affton 4810</b>	
c. LENGTH OF STAY (in this place township) <b>6 yrs</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5127 Lakewood</b>		e. STREET ADDRESS (If rural, give location) <b>5127 Lakewood</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>John</b>	b. (Middle) <b>R</b>	c. (Last) <b>Zavis</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Dec 29, 1955</b>
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<b>5. SEX</b> <b>male</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>single</b>	<b>8. DATE OF BIRTH</b> <b>Dec 22, 1946</b>	<b>9. AGE</b> (In years last birthday) <b>9</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Child</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>None</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St Louis Mo</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>John B Zavis</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Katherine Richards</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>None</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> <b>none</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>John B Zavis</b>	<b>ADDRESS</b> <b>5127 Lakewood</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Death is attributed to a gunshot wound of the head with resulting</b>		
	<b>ANTECEDENT CAUSES</b> <b>brain damage, skull fracture and intracranial hemorrhage</b>		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <b>Homicide</b>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>Affton St. Louis Mo.</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.) <b>Dec. 29, 1955 - 8:00 pm.</b>	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>Gunshot wounds inflicted by mother, Katherine Zavis</b>
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**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 \_\_\_\_\_ m., from the causes and on the date stated above.**

<b>22a. SIGNATURE</b> <i>Arnold J. Hillmanns</i>	(Degree or title) <b>CORNER</b>	<b>23b. ADDRESS</b> <b>Clayton, Mo.</b>	<b>23c. DATE SIGNED</b> <b>1-3-56</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>1/3/56</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Resurrection Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St Louis County Mo</b>
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<b>DATE REC'D BY LOCAL RES.</b> <b>12-31-55</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Herbert P. Blomberg MD</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>J L Ziegenhein &amp; Sons</b>	<b>ADDRESS</b> <b>7027 Gravois</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

**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.....  
*Donald E. Benz*

: Licensed Embalmer No. *4863*

P. O. Address *7027 Brown*

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.