

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 5 1956

318

1003

State File No. **7452**  
Registrar's No. **1709**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. <b>7452</b>		Registrar's No. <b>1709</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis</b> )		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>St. Louis</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>1470 Hodiament Ave.</b>				e. STREET ADDRESS (If rural, give location) <b>6 147 O Hodiament Ave. 206 1/2</b>							
3. NAME OF DECEASED (Type or Print) <b>Henry J Zahn</b>			a. (First)			b. (Middle)			c. (Last)		
4. DATE OF DEATH <b>2/15/56</b>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>			8. DATE OF BIRTH <b>10/29/1892</b>			9. AGE (In years last birthday) <b>63</b>		
5. SEX <b>Male</b>			6. COLOR OR RACE <b>White</b>			10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Foundry</b>			10b. KIND OF BUSINESS OR INDUSTRY _____		
11. BIRTHPLACE (City and State or Foreign Country) <b>Ill.</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13a. FATHER'S NAME <b>Unk Zahn</b>			13b. MOTHER'S MAIDEN NAME <b>Unk</b>		
14. NAME OF HUSBAND OR WIFE <b>Catherine Zahn</b>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>			16. SOCIAL SECURITY NO. <b>W.W.# 1 494 03 2601</b>			17. INFORMANT'S SIGNATURE OR NAME <b>Catherine Zahn</b> ADDRESS <b>1470 Hodiament Av</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 Hr</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>"CORONARY OCCLUSION"</b>							
				ANTECEDENT CAUSES <b>DUE TO (b) BILAT. Lung INFECTION</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 _____		19b. MAJOR FINDINGS OF OPERATION <b>420.1</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <b>June 48</b> , to <b>Feb</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>2-14-56</b> and that death occurred at <b>9:25a.m.</b> , from the causes and on the date stated above.											
23a. SIGNATURE <b>Thos. J. Toon</b>				23b. ADDRESS <b>D.O. 1506 Hodiament</b>				23c. DATE SIGNED <b>2-17-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>2/18/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>					
DATE REC'D BY LOCAL REG. <b>FEB 17 1956</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Jos. W. Clark</b>		ADDRESS <b>Funeral Home Inc. 1125 Hodiament Ave.</b>					

(Licensed Embalmer's Statement on Reverse Side)

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

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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... 26

P. O. Address... 11237A

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.