

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

State File No. **25554**

FILED JUL 18 1956

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **1643**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY St. Louis	b. CITY OR TOWN Valley Park	a. STATE Missouri	b. COUNTY St. Louis
c. LENGTH OF STAY (in this place) 2 yrs.		c. CITY OR TOWN Creve Coeur	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) Cedar Croft Home		e. STREET ADDRESS (If rural, give location) Ross Avenue	

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) Michael	b. (Middle)	c. (Last) Zuhone	(Month) July	(Day) 5	(Year) 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 20, 1950		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (in years last birthday) 5	11. BIRTHPLACE (City and State or Foreign Country) Herman, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Raymond Zuhone	13b. MOTHER'S MAIDEN NAME Garnett Rahe	14. NAME OF HUSBAND OR WIFE None
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. None	17. INFORMANT'S SIGNATURE OR NAME Raymond Zuhone
		ADDRESS Ross Ave.

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hydrocephalic intra cranial pressure		INTERVAL BETWEEN ONSET AND DEATH Birth
	ANTECEDENT CAUSES DUE TO (b) Hydrocephalis <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) Valley Park, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 June 1, 1956 to July 5, 1956, that I last saw the deceased alive on July 5, 1956, and that death occurred at 9:0 P.m., from the causes and on the date stated above.

23a. SIGNATURE <i>W. Cunningham</i>	(Degree or title) D.O.	23b. ADDRESS 806 Meramec Sta. Rd. Valley Park, Mo.	23c. DATE SIGNED 7-5-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 6, 1956	24c. NAME OF CEMETERY OR CREMATORY St. Monica	24d. LOCATION (City, town, or county) (State) Creve Coeur Mo.

DATE REC'D BY LOCAL REG. 7-5-56	REGISTRAR'S SIGNATURE <i>Herbert R. Domb...</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Ortmann Funeral Home</i>	ADDRESS 9222 Lackland
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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 *Al C Ostmann*.....

Licensed Embalmer No. *3478*.....

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