

FILED FEB 6 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3236

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>544</u>		Registrar's No. <u>93</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u> c. LENGTH OF STAY (in this place) <u>10 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ozark Nursing Home</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY OR TOWN <u>Kirkwood</u> <u>4/7/3</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>549 N. Van Buren</u>			
3. NAME OF DECEASED (Type or Print) <u>FRANK</u> a. (First) b. (Middle) c. (Last) <u>ZAHNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 11, 1957</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 12 1871</u>	
9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months <u>II</u> Days <u>29</u>		IF UNDER 2 Hrs. Hours <u></u> Min. <u></u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Landscape Gardener</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>John Zahner</u>		13b. MOTHER'S MAIDEN NAME <u>Elizebath Lukafer</u>		14. NAME OF HUSBAND OR WIFE <u>Louisa Zahner</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Johnston 549 N. Van Buren Ave</u>			
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) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerosis, Generalized.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks.</u> <u>2 yrs?</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331x</u>				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) (Min.)		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 <u>1-4</u> , 19 <u>57</u> , to <u>1-11</u> , 19 <u>57</u> that I last saw the deceased alive on <u>1-10</u> , 19 <u>57</u> , and that death occurred at <u>1:10 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. H. Bennett</u> (Degree or title)				23b. ADDRESS <u>629 Manchester St. Kirkwood, Mo.</u>		23c. DATE SIGNED <u>1-11-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 14 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkwood Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-13-57</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donohue MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Bopp MD</u>		ADDRESS <u>Kirkwood Mo.</u>	

(Licensed Embalmer) 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 *Francis J. Wyland Jr*
Licensed Embalmer No. *4512*
P. O. Address *Kirkwood, Mo.*

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.