

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

State File No. **11458**

FILED MAR 18 1957

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **574**

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) CLAYTON	c. LENGTH OF STAY (in this place) 0 2 days	c. CITY OR TOWN MARYLAND HEIGHTS	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS COUNTY HOSPT.		e. STREET ADDRESS (If rural, give location) 315- MIKEL AVE.	

3. NAME OF DECEASED (Type or Print) a. (First) Florence	b. (Middle) Zola	c. (Last) Zola	4. DATE OF DEATH (Month) (Day) (Year) 3 1 57
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <i>separately</i> Married	8. DATE OF BIRTH SEP 7, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and State or Foreign Country) NEWPORT, ARK.	12. CITIZEN OF WHAT COUNTRY? U. S. A

13a. FATHER'S NAME JAMES HONEY	13b. MOTHER'S MAIDEN NAME NANCY WHEELER	14. NAME OF HUSBAND OR WIFE PHILLIP ZOLA
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 PHILLIP ZOLA MARYLAND HEIGHTS

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction approx 4 days		INTERVAL BETWEEN ONSET AND DEATH approx 4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary thrombosis DUE TO (c) Coronary arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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) 4201
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 **2-25, 1957** to **3-1, 1957**, that I last saw the deceased alive on **3-1, 1957**, and that death occurred at **2:45 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) G. E. Smith, M.D.	23b. ADDRESS 601 So. Brentwood	23c. DATE SIGNED March 2 1957
--	--	---

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-4-1957	24c. NAME OF CEMETERY OR CREMATORY FEE FEE CEMETERY	24d. LOCATION (City, town, or county) (State) PATTONVILLE, Mo.
--	------------------------------	---	--

DATE REC'D BY LOCAL REG. 3/4/57	REGISTRAR'S SIGNATURE Herbert B. Dombek, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Blainham Bros. Inc.	ADDRESS 2504 WOODSARD, OVERLAND, Mo.
---	---	--	--

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 *Oscar J. Mueller*.....

Licensed Embalmer No. *3039*.....

P. O. Address *Coverland, W.*.....

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.