

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38675

State File No.

FILED NOV 15 1957

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2699

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Valley Park</u>	c. LENGTH OF STAY (In this place) <u>2 Mo.</u>	c. CITY OR TOWN <u>Webster Groves - Shrewsbury 45717</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Moll Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>105 Stebbins Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alexander</u> b. (Middle) _____ c. (Last) <u>Zagar</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 30, 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 5, 1889</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Self Employed</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sheet Metal</u>	9. AGE (In years last birthday) <u>68</u> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____
11. BIRTHPLACE (City and State or Foreign Country) <u>Hungary</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Franz Zagar</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Stephens</u>	14. NAME OF HUSBAND OR WIFE <u>Hellen Dorren Zagar</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u> <u>494-09-6718</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Hellen Zagar 8753 Fern Glen Dr.</u>	
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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		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>1 year</u> <u>3 yrs</u> <u>?</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute cardiac dilatation</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) <u>Diabetes Mellitus</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Latent syphilis</u>			

19a. DATE OF OPERATION <u>10/25/57</u>	19b. MAJOR FINDINGS OF OPERATION <u>Amputation of gangrene left leg.</u>	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (i.e., in or about home, farm, factory, street, office, etc., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

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?
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22. I hereby certify that I attended the deceased from 8-28-, 1957, to 10-30, 1957, that I last saw the deceased alive on 10/29, 1957, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. Theslie</u> (Degree or title) _____	23b. ADDRESS <u>Gikwood, Mo.</u>	23c. DATE SIGNED <u>10/30/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-2-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lakewood Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-1-57</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Donahue</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mittelberg Funeral Home, Inc. Webster Groves, Mo.</u>
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WRITE PLAINLY—USING UNFAADING 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 *Robert M. Murray*.....

Licensed Embalmer No. *3749*.....

P. O. Address *St. Louis, 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.