Health, Welfare Public Service

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FILED JAN 30 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 3825

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 739

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN St. Louis, Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 0/ 3452 Wyoming St. Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis, Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) Aberdeen Hotel 22 1534 Market St. Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First William Middle P. Last Zagrabsky

4. DATE OF DEATH Month Jan. Day 20 Year 1958.

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH July 19, 1891
9. AGE (In years last birthday) 66 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Husgmann Refrigerator
11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Theophilas Zagrabsky
13b. MOTHER'S MAIDEN NAME Louisa Tenner
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W. W. 1
16. SOCIAL SECURITY NO. 498-03-1764
17. INFORMANT Arthur Zagrabsky Address 3452 Wyoming St.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner, coroner, etc. must use only standard nomenclature in Item 18. No symptoms and no vague terms. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) Bronchial Pneumonia
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH 2 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) complications of influenza, lagrippe
DUE TO (c) complication of influenza LaGrippe
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Tuberculosis Tuberculosis 480X-A
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-5-58, to 1-18-58 and last saw him alive on 1-18-58
Death occurred at 1:40 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Walter F. Abell (Degree or title) M. D.
22b. ADDRESS 2253 So. 39th St. 2253 So. 39th
22c. DATE SIGNED 1-21-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Jan. 22, 1958
23c. NAME OF CEMETERY OR CREMATORY National Cemetery
23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.

24. FUNERAL DIRECTOR Gebken-Benz Mortuary ADDRESS 2842 Meramec St. St. Louis, 18, Mo.
25. DATE RECD. BY LOCAL REG. JAN 21 '58
26. REGISTRAR'S SIGNATURE Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

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 ...me..., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed ...Joe B. Berry...

Licensed Embalmer No. ...4249...
P. O. Address ...2842 Meramec St. St. Louis, 18, M...

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.