

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016386
STATE FILE NUMBER

XC-239 9191
Reg. #A-206
FILED APR 27 1959

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 1072

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO.		c. CITY OR TOWN AFFTON 4800	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		d. STREET ADDRESS (If outside, give location) 8007 Crestway Drive	

3. NAME OF DECEASED (Type or print) First HENRY Middle ZAPP Last ZAPP			4. DATE OF DEATH Month 4 Day 19 Year 59		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-21-77	9. AGE (In years at birthday) 82 YRS	IF UNDER 1 YEAR Months 4 Days 16 Hours 11 Min.	IF UNDER 24 HRS. Hours 11 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STOVE MOLDER	10b. KIND OF BUSINESS OR INDUSTRY - - - - -	11. BIRTHPLACE (City and state or country) GERMANY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE Frieda Zapp
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or not unknown) (If yes, give war or dates of service) YES SPAW	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT VA HOSP. RECORDS, JEFF. BRKS., MO.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: CANCER OF LARYNX		INTERVAL BETWEEN ONSET AND DEATH UNK
IMMEDIATE CAUSE (a) _____		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I: (a) PNEUMONIA		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 161X
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20e. CITY, TOWN, OR LOCATION VA HOSPITAL, JEFF. BRKS., MO.	COUNTY	STATE
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION VA HOSPITAL, JEFF. BRKS., MO.	COUNTY	STATE
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21. I attended the deceased from 4-2-59 to 4-19-59 Death occurred at 5:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE DR. W. OPPER, M.D., Director Prof. Svcs	(Degree or title)	22b. ADDRESS VA HOSPITAL, JEFF. BRKS., MO.	22c. DATE SIGNED 4-19-59
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23a. BURIAL OR CREMATION Removal	23b. DATE Apr. 22 1959	23c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.	23d. LOCATION (City, town, or country) (State) St. Louis Co. Mo.
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24. FUNERAL DIRECTOR Witt Bros. L. & U. Co. 2929 S. Jefferson	ADDRESS	25. DATE RECD. BY LOCAL REG. 4-20-59	REGISTRAR'S SIGNATURE John C. Murphy, M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Herbert J. Lane Jr.*

Licensed Embalmer No. *4800*

P. O. Address *Hickwood 22, 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.