

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8678 STATE FILE NUMBER -61-035154

FILED SEP 21 1961

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b **1 Week**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Alexian Brothers Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Mo.** b. COUNTY **St. Louis**
 c. CITY OR TOWN **Lemay** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **8900 S. Lindbergh** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Henry** Middle **R.** Last **Zadow** 4. DATE OF DEATH Month **September** Day **17** Year **1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **4-9-1874** 9. AGE (last birthday) **87**

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

13a. FATHER'S NAME **Charles Zadow** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Sarah**

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. **No** 17. INFORMANT **Charles Zadow** Address **8900 S. Lindbergh**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Pulmonary Embolus** 24 hrs. INTERVAL BETWEEN ONSET AND DEATH
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Generalized arteriosclerotic heart disease with cardiac decompensation.** 15 y
 DUE TO (c) **bilateral pneumonia.** 420.0 7 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **chronic cholecystitis and cholelithiasis.** PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

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 **1953** to **death.** and last saw ^{her}him alive on **16 Sept 1961**
 Death occurred at **6 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **John J. Keellett MD** 22b. ADDRESS **2623 Telegraph Rd.** 22c. DATE SIGNED **SEP 18 1961**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Cremation** 23b. DATE **9-20-1961** 23c. NAME OF CEMETERY OR CREMATORY **Missouri Crematory** 23d. LOCATION (City, town, or county) (State) **3211 Sublette ave.**

24. FUNERAL DIRECTOR **C. Hormeister Mortuaries** ADDRESS **7814 S. Broadway** 25. DATE RECD. BY LOCAL REG. **SEP 18 1961** 26. REGISTRAR'S SIGNATURE **Earl Smith MD**

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 John S. Demet
Licensed Embalmer No. 41946
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.