

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

39747-61
NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

Registration District No. [REDACTED]		Primary Registration District No. [REDACTED]		Registrar's No. [REDACTED]		
1. PLACE OF DEATH a. COUNTY Saint Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy		Length of stay in 1b 67 days	c. CITY OR TOWN Maryland Heights		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic Hosp.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 21 Grape Ave.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Ollie Zahn			4. DATE OF DEATH Month Day Year Oct. 29, 1961			
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-2-1916	9. AGE (last birthday) 44	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY ----	11. BIRTHPLACE (City and state or country) Belleville, Ill.		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Clarence T. Poole		13b. MOTHER'S MAIDEN NAME Mable Gamble		14. NAME OF HUSBAND OR WIFE Clarence Zahn		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			17. INFORMANT Clarence Zahn, 21 Grape Ave.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Coronary Occlusion					3 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Metastatic carcinoma (Generalized)					2 mos	
DUE TO (c) Carcinoma of breast					22 mos	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)		
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE	
21. I attended the deceased from 1950 to 10-29-61 and last saw her/him alive on 10-29-61 Death occurred at 1:17 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <i>J.F. Snyder</i> J.F. SNYDER, DO			22b. ADDRESS 9409 W. Milton, Overland 14, Mo.		22c. DATE SIGNED 10-29-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/1/61	23c. NAME OF CEMETERY OR CREMATORY Zion Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		
24. FUNERAL DIRECTOR Ortmann Funeral Home, 9222 Lockland			25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE	

ADDRESS
9222 Lockland
Ortmann Funeral Home, Overland 14, Mo.

NOV 10 1961

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 *A. C. Detmann*

Licensed Embalmer No. 3478

P. O. Address _____

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.