

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047048  
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12049

AMENDED

FILED JAN 5 1962

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE  
b. COUNTY  
c. CITY OR TOWN  
d. STREET ADDRESS

St. Louis  
St. Louis  
City Hospital  
Mo.  
St. Louis  
2023 Park Ave.

3. NAME OF DECEASED (Type or print) First Middle Last  
George Zachar

4. DATE OF DEATH Month Day Year  
12-23-61

5. SEX Male  
6. COLOR OR RACE Cau.  
7. Married  Never Married   
Widowed  Divorced   
8. DATE OF BIRTH 3-29-07  
9. AGE (last birthday) 54  
IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

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

13a. FATHER'S NAME Tony Zachar  
13b. MOTHER'S MAIDEN NAME Lulu Bradford  
14. NAME OF HUSBAND OR WIFE Barbara Zachar

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.  
17. INFORMANT Address Louise Paridy 4465 Bridgedale Dr.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Chronic adhesive Pericarditis  
DUE TO (b) Chronic Endocarditis  
DUE TO (c) Hypertrophic Myocarditis  
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4/6x  
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 to and last saw her him on  
Death occurred at 4:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
22b. ADDRESS 1300  
22c. DATE SIGNED 12-26-61

23a. REMOVAL, CREMATION, OR REMOVAL (Specify) Removal  
23b. DATE 12-26-61  
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery  
23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS McLaughlin 2301 Lafayette Ave (4)  
St. Louis, Missouri  
25. DATE RECD. BY LOCAL REG. DEC 26 1961  
26. REGISTRAR'S SIGNATURE

**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. J. Farris

Licensed Embalmer No. 3384

P. O. Address St. Louis

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.