FEB 24 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

3991

File No.

Registered No. 11

1. PLACE OF DEATH
County St. Louis Registration District No. 1123
Township Carondelet Primary Registration District No. 6248B
City Koch Hosp. (No. Koch Hospital St. Ward)

2. FULL NAME John Zamacher
(a) Residence No. Osanam Shelter Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 2 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-28-1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	57	1	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Moulder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brass
10. Date deceased last worked at this occupation (month and year) 1931
11. Total time (years) spent in this occupation 35-?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

FATHER
13. NAME Frank Zamacher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER
15. MAIDEN NAME Julia (Unknown)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Koch Hosp. Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 1/10 1936

19. UNDERTAKER (ADDRESS) H. A. Stuck 2117 E. Grand Blvd

20. FILED Jan 6 1936 L. Mooney Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-7-1936

22. I HEREBY CERTIFY, That I attended deceased from 10-19-1935, to 1-7-1936
I last saw h. i. alive on 1-7-1936 Death is said to have occurred on the date stated above, at 10:45 Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Pulmonary Tuberculosis	1934.

Other contributory causes of importance:
Syphilis - Aneurysm of Aorta

Name of operation Sputum + Date of
What test confirmed diagnosis? X-Ray Was there an autopsy? Yes.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) D. V. Trumpe, M. D.
(Address) Robt. Kelly Hosp. Koch, Inc.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. NO. 2
10M-3-28-35