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

Do not use this space.

34466

1. PLACE OF DEATH
County St Charles — Registration District No. 759 — File No.
Township Callaway — Primary Registration District No. 6000 — Registered No. 22
City ~~New Melle~~ (No. ..... St. ..... Ward)

2. FULL NAME Florence Delouis Zollmann
(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

4

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 1st 1923

7. AGE: 4 Years — Months: 1 — Days: 22 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) New Melle
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Frank Zollmann
11. BIRTHPLACE OF FATHER (CITY OR TOWN) New Melle
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Emma Meier
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Foristell
(STATE OR COUNTRY) Mo

14. INFORMANT Frank Zollmann
(Address) New Melle

15. FILED 11-22, 1927 J. A. Mulen
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 22nd 1927

17. I HEREBY CERTIFY, That I attended deceased from July 25th, 1927, to Nov 22nd, 1927 that I last saw her alive on Nov 14th, 1927, and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fibro Sarcoma of face
52
70B
103B
48
(duration) One yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Anemia debility & exhaustion
Hemorrhage (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? At place of death
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Sept 1926
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Microscopical exam of tissue section
(Signed) Benjamin Brandt, M.D.
11-22, 1927 (Address) Foristell Missouri.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: New Melle — DATE OF BURIAL: Nov 24 1927

20. UNDERTAKER: Wm Giessmann — ADDRESS: New Melle

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.