

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

Do not use this space.

14914

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. 2735) Ormandy St. Ward)

File No.
 Registered No. **3819**

2. FULL NAME Cornelius Zeller

(a) Residence. No. St. 23 Ward.
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. 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)

Male | White | Married

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

Brigetta Zeller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 12 - 1849

7. AGE: YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min.

78 | 6 | 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work City Fireman
 (b) General nature of industry, business, or establishment in which employed (or employer) Retired
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

10. NAME OF FATHER Frank J. Zeller

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Marie Fabrick

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT (Address) Brigit Zeller
2735 Ormandy St.

15. FILED Max C. Stokely REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-4-1928

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1928, to April 4, 1928 that I last saw him alive on April 4, 1928, and that death occurred, on the date stated above, at 9 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Valvular heart disease

MA (duration) 3 yrs. mos. ds.
 CONTRIBUTORY old age (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS, Exam
 (Signed) St. S. Pyle, M. D.
 (Address) 2757 Adams

*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 | DATE OF BURIAL
St Peter - Paul Cemetery | April 9 1928

20. UNDERTAKER
J. H. Schenck 2630 Green St

PRINTED WITH UNPAID INK---THIS IS A PERMANENT RECORD

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.

