29 1929

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

Do not use this space.

19334

1. PLACE OF DEATH
County St. Louis
Township Cardondelet
City Koch
Registration District No. 1123
Primary Registration District No. 6248B
(No. Koch Hospital St. Ward)
File No.
Registered No. 174

2. FULL NAME Florence Zydell
(a) Residence. No. 401 Laurel St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred X yrs. 8 mos. 17 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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: Single
6. DATE OF BIRTH (MONTH, DAY AND YEAR): August 21, 1905
7. AGE: Years 23, Months 9, Days 10, If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Telegraph Operator
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Robert Zydel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Eugenia Angelica
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): France

14. INFORMANT (Address): R. Koch Hospital Record Koch, Mo.
15. FILED May 10, 1929 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 10. 1929
17. I HEREBY CERTIFY, That I attended deceased from June 23rd, 1928, to May 10, 1929 that I last saw her alive on May 10, 1929, and that death occurred, on the date stated above, at 6:00 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. Pulmonary Tuberculosis
23A
25
31
about (duration) X yrs. 9 mos. X ds.
CONTRIBUTORY (SECONDARY): Gastro-Intestinal Tuberculosis
about (duration) X yrs. 6 mos. X ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? X ray + Sputum
(Signed) R. L. Ehrlich, M. D
5/10/29, 19 (Address) Koch Hospital

*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: Calvary
DATE OF BURIAL: May 13 1929
20. UNDERTAKER: Wm. F. Paschedag
ADDRESS: 2825 No. Grand Blvd