

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. Bethesda Hospital) St. _____ Ward _____

File No. _____
 Registered No. **39003**
11480

2. FULL NAME

(a) Residence. No. 5133 Cote Ballant St. 6 Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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) Mar 8 1924

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
5 8 15

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. None
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Frank P. Zeisler

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

12. MAIDEN NAME OF MOTHER Margaret M^c Gowen

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

14. INFORMANT Mr Frank J Zeisler
 (Address) 5133 Cote Ballant

15. FILED: NOV 24 1929 Wm E Stanley REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 23 1929

17. I HEREBY CERTIFY, That I attended deceased from 9-12 1929, to 11-23 1929
 that I last saw him alive on 11-23-29, 19....., and that death occurred, on the date stated above, at 10 9 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1- Surgical Shock -
(not haemorrhagic)
following operation to Remove Gonads
(Right) (duration) yrs. mos. ds.

CONTRIBUTORY Pulmonary Tuberculosis
 (SECONDARY) Undeclared (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF 11-23-29

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) Clarence G. Downing
11-23 1929 (Address) 1921 1/2 Union

*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 Cemetery DATE OF BURIAL Nov 25 1929

20. UNDERTAKER Drehman Haval ADDRESS 1905 Union

WRITE PLAINLY, WITH UNFADING 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.

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AMERICAN RESERVE FOR BINDING

V. S. No. 2.

