

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

Do not use this space.

14633

1. PLACE OF DEATH

County..... Registration District No. 791 File No.
 Township..... Primary Registration District No. 1003 Registered No. 4009
 City St. Louis Mo (No. Bethesda Hospital St. Ward)

2. FULL NAME

(a) Residence. No. 2523 Minnesota Ave St. 17 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Agatha Zell</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 8 1899</u>		
7. AGE	YEARS <u>31</u>	MONTHS <u>3</u>
	DAYS <u>11</u>	If LESS than 1 day,hrs. ormin.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... <u>Jewelry Salesman</u> (b) General nature of industry, business, or establishment in which employed (or employer)..... <u>Wm Business</u> (c) Name of employer.....		

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

PARENTS	10. NAME OF FATHER <u>Clarence Zell</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... <u>Unknown</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Fannia Hartman</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... <u>Unknown</u> (STATE OR COUNTRY)

14. INFORMANT.....Agatha Zell
 (Address).....2523 Minnesota

15. FILED.....22 1930
 REGISTRAR.....C Stanley

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 19 1930
 17. I HEREBY CERTIFY, That I attended deceased from April 15 1930, to April 19 1930, that I last saw him alive on April 19 1930 and that death occurred, on the date stated above, at 118 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septicemia - Hemolytic Streptococci
105 (Postmortem Blood Culture)
115A

CONTRIBUTORY (SECONDARY) 36 Right Lobar Pneumonia - tubercular
105 (duration) yrs. mos. 4 ds.
105 (duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF BOX AT PLACE OF DEATH.....Home
 DID AN OPERATION PRECEDE DEATH.....No DATE OF.....
 WAS THERE AN AUTOPSY.....No

WHAT TEST CONFIRMED DIAGNOSIS.....Blood Culture
 (Signed).....J. W. Henderson M. D.

*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.....Lakewood Park Cemetery
 DATE OF BURIAL.....April 27 1930

20. UNDERTAKER.....Wm S. Robert
 ADDRESS.....905 S. Grand Blvd

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.

Dr. W. Henderson

