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.

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

Do not use this space.

12024

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 12024

Township ..... Primary Registration District No. 1003 Registered No. 3275

City St Louis Mo (No. Alp Bros Hospital St. ..... Ward)

2. FULL NAME Carl Zelch (Charles Carl Zelch)

(a) Residence. No. Mattese Mo St., 24 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	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 Agnes Zelch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 30 1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	39	4	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(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) St Louis Co Mo

PARENTS

10. NAME OF FATHER Wm Zelch

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

12. MAIDEN NAME OF MOTHER Christina Geitz

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

14. INFORMANT Michael Kampff
(Address) Mattese Mo

15. FILED MAR 15 1931, 19 Max C Starkey REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 12 1931

17. I HEREBY CERTIFY, That I attended deceased from March 7, 1931, to March 12, 1931 that I last saw him alive on March 12 1931 and that death occurred, on the date stated above, at 4:10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108 R Lobe. Upper Lower
93A
(duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (SECONDARY) Antho Myocarditis
(duration) ..... yrs. ..... mos. 4 ds.

108

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Lob

3/14, 1931 (Signed) E P Buddy, M. D.
(Address) Alenos Bros

*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
Mattese Mo	March 16/31
20. UNDERTAKER	ADDRESS
Fendler Hud Co	7819 Michigan

JAN 23 1957