

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

Do not use this space.

3298

**1. PLACE OF DEATH**

County..... Registration District No. *731*  
Township..... Primary Registration District No. *5002*  
City St. Louis, Mo. (No. St. Anthony Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 187  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Zella May Heller

(a) Residence, No. 4310 S. 37th Street St. 15 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>Female</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>Fred L. Heller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 26th, 1901</u>		
7. AGE	YEARS	MONTHS
	<u>31</u>	<u>9</u>
		DAYS
		<u>9</u>
		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri  
(STATE OR COUNTRY)

13. NAME William G. Apel

14. BIRTHPLACE (CITY OR TOWN) Illinois  
(STATE OR COUNTRY)

15. MAIDEN NAME Emma Zell

16. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri  
(STATE OR COUNTRY)

17. INFORMANT Fred L. Heller  
(ADDRESS) 4310 S. 37th Street

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Bethany DATE Jan. 9th 1933

19. UNDERTAKER Wick Bros.  
(ADDRESS) 2201 S. Grand Boulevard

20. FILED Jan 10 1933  
Max C. Stanley  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 5th 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18 1932 to Jan. 5 1933

I last saw her alive on Jan. 4 1933. Death is said to have occurred on the date stated above, at 1:05 A.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Abscess  
1070  
1191  
1511

Date of onset Dec. 30, 1932

Other contributory causes of importance: Bronchopneumonia, Dec. 18, 1932

Name of operation No operation Date of \_\_\_\_\_  
What test confirmed diagnosis? X ray physical and an autopsy? N.O.

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? NO Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) M. D. Jennings, M. D.  
(Address) H. I. O. Washington Blvd.

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.

Dr Jenn