

**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. 701
 Township Primary Registration District No. 1008
 City St. Louis, Missouri (No. 2516, California Ave) St. Ward

11292

File No.
 Registered No. 2349
 St. Ward

2. FULL NAME

Carl Zoellner
 (a) Residence, No. 2516a California St., 23 Ward.

(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>Louise Lindert Zoellner</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>September 1, 1872</u> | | |
| 7. AGE YEARS <u>60</u> | MONTHS <u>6</u> | DAYS <u>7</u> |
| If LESS than 1 day, hrs. or min. | | |

| | |
|---|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Clergyman</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) Chicago, (STATE OR COUNTRY) Illinois

13. NAME Carl Zoellner

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

15. MAIDEN NAME Marie Passon

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT Louise Zoellner (ADDRESS) 2516 California Ave

18. BURIAL, CREMATION OR REMOVAL PLACE St. Mary's Catholic Church DATE March 11, 1933

19. UNDERTAKER Budenberg Funeral Home (ADDRESS) 1936 1st & Olive Ave

20. FILED 24 1933 19 May 2 Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-8-33 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/14 1933, to 3/8 1933
 I last saw him alive on 3/8 1933. Death is said to have occurred on the date stated above, at 10:50 p.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis 4/5 1932
1931
1930
 Other contributory causes of importance:
Myocarditis Acute 2/2 1933

Name of operation Date of
 What test confirmed diagnosis? Lab Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? 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) Arthur F. Binner M. D.
 (Address) 1841 L. 2nd

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.

