

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

Do not use this space.

37782

**1. PLACE OF DEATH**

County St. Louis Registration District No. 790 File No. \_\_\_\_\_  
 Township Cayuse Primary Registration District No. 6033A Registered No. 150  
 City Clayton (No. St. Louis County Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Lloyd S. Zweifel  
 (a) Residence, No. 2516 Cornelia Ave. St. \_\_\_\_\_ 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) Sept. 1, 1915

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, _____ hrs. or _____ min. |
|--------|-------|--------|------|--|
|        | 18    | 2      | 7    |  |

| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | 11. Total time (years) spent in this occupation |
|------------|---|---|
|            | <u>Labourer</u>   |   |
| OCCUPATION | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.          |   |
|            |   |   |
| OCCUPATION | 10. Date deceased last worked at this occupation (month and year)                           |   |
|            |   |   |

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co. Missouri

13. NAME William Zweifel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co. Missouri

15. MAIDEN NAME Susie Wagner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co. Missouri

17. INFORMANT Mrs. Susie Zweifel  
 (ADDRESS) 2516 Cornelia Ave.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Order Lane Mo. DATE Nov 11, 1933

19. UNDERTAKER Geo. L. Orlitash Inc.  
 (ADDRESS) 5946 Eastern Ave.

20. FILED Nov 9, 1933 Rott J. Ambrose  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-7-33, 1933, to 11-8-33, 1933

I last saw him alive on 11-8-33, 1933 Death is said

to have occurred on the date stated above, at 4:50 p.m.

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

Pneumonia Date of onset \_\_\_\_\_  
107A  
11A  
107A  
 Other contributory causes of importance:  
acute anemia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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) W. J. Ambrose M. D.

(Address) St. Louis County Hospital Clayton Mo.

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.

