APR 9 1935

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

Do not use this space.

791

10623

1003

File No.

Registered No. 2239

1. PLACE OF DEATH

County

Township

City St. Louis (No. St4 Anthony's Hospital St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Elizabeth Zeller

(a) Residence, No. 214 E. Davis 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charles A. A. Zeller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 11, 1861

7. AGE: YEARS 73 | MONTHS 3 | DAYS 22 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home.

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) (STATE OR COUNTRY): Illinois

FATHER

13. NAME: Jacob Utich

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

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Louise Zeller 214 E Davis

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Trinity DATE 3-8-35 19

19. UNDERTAKER (ADDRESS): Southern Med. Co. 6322 S Grand

20. FILED MAR -7 1935 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-5-35 , 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1935 to Mar. 5, 1935

I last saw her alive on Mar. 5, 1935 Death is said to have occurred on the date stated above, at 12:30 P.M.

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

	Date of onset
Chronic Nephritis	1/5/35
with Uremia	3/1/35
~~Cholelithiasis~~	
~~Chronic Myocarditis~~	

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Other contributory causes of importance:

Cholelithiasis

Chronic Myocarditis

Name of operation Cholelithotomy Date of 2/23/35

What test confirmed diagnosis? Was there an autopsy? no

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? no

If so, specify

(Signed) A W Peters, M. D.

(Address) 4145 S. Grand 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. Peters
N. W. Corner
Meranus
Ind.