

7760

MAR 12 1936

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

791

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No. **1003**City..... (No. 1 City) *St. Louis*

File No.....

Registered No. **421**

St..... Ward.....

2. FULL NAME

(a) Residence, No. *5216 Janet Ave* Ward. *West Walnut Manor No.*
(Usual place of abode)Length of residence in city or town where death occurred *7* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED (HUSBAND OR WIFE OF) <i>Eda Zettler</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug 14 - 1876</i>		
7. AGE	YEARS <i>59</i>	MONTHS <i>5</i>
	DAYS <i>22</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Landscape</i>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Gardener</i>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis County Mo.</i>		
FATHER	13. NAME <i>Frank Zettler</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>	
MOTHER	15. MAIDEN NAME <i>Anna Labore</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>	
17. INFORMANT <i>St. Peter's Cemetery</i>		
18. (BURIAL) CREMATION, OR REMOVAL PLACE <i>St. Peter's Cemetery</i> DATE <i>Feb 10 1936</i>		
19. UNDERTAKER (ADDRESS) <i>L. B. T. Amers</i> <i>667 Natural Bridge Road</i>		
20. FILED <i>FEB - 8 1936</i> <i>J. Bredeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2/6* 19*36*

22. I HEREBY CERTIFY, That I attended deceased from

1/21 19*36* to *2/6* 19*36*I last saw him alive on *2/6* 19*36* Death is saidto have occurred on the date stated above, at *8:30* m.

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

C.M.-S Lues Date of onset*Paraschlopprenaria, bilobed**Vermis**3/4*

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? *Y*

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) *Hyman H. Fertig*, M. D.(Address) *City*

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