

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

Do not use this space.

MON 5 1936

20861
5052

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. City Hospital #7)

File No.....
Registered No.....
St..... Ward.....

2. FULL NAME

Ella Thompson Zentz

(a) Residence, No. 3745 St. Facelles Ward. 19

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>♀</u>	4. COLOR OR RACE <u>W.</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>Martin Zentz</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 6 - 1861</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>4</u>
	DAYS <u>28</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>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.....	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/3/36 19

22. I HEREBY CERTIFY, That I attended deceased from 5/2 1936 to 5/3/36, 1936
I last saw h. alive on 5/3 1936. Death is said to have occurred on the date stated above, at 6:30 m.
The principal cause of death and related causes of importance were as follows:

Fibrosis of Myocardium
93C

Other contributory causes of importance:
Coronary Sclerosis
Hydronephrosis
Hydronephrosis

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

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	13. NAME <u>Coru</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	15. MAIDEN NAME <u>unknown</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	17. INFORMANT (ADDRESS) <u>John J. Zentz</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>Memorial Park</u> DATE <u>5/9</u> 19 <u>36</u>
	19. UNDERTAKER (ADDRESS) <u>Sullivan Bros.</u> <u>2849 N. Euclid</u>
20. FILE <u>MAY 9 - 1936</u> <u>J. F. Bredeck</u> Registrar.	

28. 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?..... (S. ecify 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 E. P. Nelson M. D.
(Signed) E. P. Nelson
(Address) City Hospital

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.

