

AUG 1 1936

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

Do not use this space.

28590

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City **ST. LOUIS**(No. **5522 ENRIGHT**)

File No.....

Registered No. **7355**

St. Ward)

2. FULL NAME

CHARLES F. ZEUCH(a) Residence, No. **5522 ENRIGHT** St. **5** 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 **MALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **MARRIED**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) **STELLA ZEUCH**6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **SEPT. 16, 1857**7. AGE YEARS **78** MONTHS **9** DAYS **28** If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **BARTENDER**

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) **ST. LOUIS MO**13. NAME **JOHN ZEUCH**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**15. MAIDEN NAME **.....**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**17. INFORMANT **STELLA ZEUCH** (ADDRESS) **5522 ENRIGHT**18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marons** DATE **July 16, 1936**19. UNDERTAKER **John P. O'Brien** (ADDRESS) **228 E. Broadway**20. FILED **JUL 16 1936** **J. F. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 14, 1936**22. I HEREBY CERTIFY, That I attended deceased from **July 9, 1936** to **July 14, 1936**Last saw him alive on **July 14, 1936** Death is said to have occurred on the date stated above, at **8:15 P.M.**

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

Cerebral Hemorrhage Date of onset **2 da**

Other contributory causes of importance:

Chronic Myocarditis **1 yr**

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

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

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) **J. F. Bredeck**, M. D.(Address) **651 Enright**

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.

THOMAS J. BROWN
HONORARY MEMBER

THE
MEMBER

MEMBER