

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

Do not use this space.

OCT 5 1936

36145

1. PLACE OF DEATH

County.....
Township.....
City **St. Louis**

Registration District No. **791**
Primary Registration District No. **1003**
(No. **De Paul Hospital**)

File No.
Registered No. **9789**
St. Ward

2. FULL NAME

Lilias Zelle

(a) Residence, No. **7235 Creveling Dr. University City** Ward. **NR**
(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) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles E. Zelle				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3, 1870				
7. AGE	YEARS 65	MONTHS 11	DAYS 22	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc. House Work			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home			
	10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation.....	

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
	13. NAME Henry H. Gibson
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.
	15. MAIDEN NAME Arma Woester
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.
17. INFORMANT (ADDRESS) Charles E. Zelle 7235 Creveling Drive	
18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem. DATE Sept. 28, 1936	

19. UNDERTAKER (ADDRESS) Wm F. Paschedag 2825 N. Grand Blvd.
20. SEP 27 1936 19 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 25, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 17, 1936** to **Sept. 25, 1936**
I last saw her alive on **Sept. 25, 1936** Death is said to have occurred on the date stated above, at **6: P. m.**
The principal cause of death and related causes of importance were as follows:

Adenomatous of uterus non malignant
930
Other contributory causes of importance:
abdominal distention Post operative E. coli Myocarditis
Name of operation..... Date of **Sept 21-36**
What test confirmed diagnosis? *Microscopic* (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) *Wm F. Paschedag*, M. D.
(Address) *477 Metropolitan Bldg.*

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.

