

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
791  
DEATH CERTIFICATE OF DEATH

Do not use this space.

FEB 8 1937 1008

1. PLACE OF DEATH

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City St Louis (No. Lutheran Hospital 1)  
File No. 3220  
Registered No. 246  
St. .... Ward)

2. FULL NAME Walter Roy Zahrndt

(a) Residence, No. 6533 Arsenal St St., 3 Ward, 1  
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....  
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) St Louis (STATE OR COUNTRY) Mo

FATHER 13. NAME Walter W Zahrndt

14. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Irene Louise Hahn

16. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) Mo

17. INFORMANT Walter Zahrndt (ADDRESS) 6533 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE Fun. Bechtel DATE Jan 7 1937

19. UNDERTAKER Reiderwidly Funeral Home (ADDRESS) 1936 St. Louis Ave.

20. FILED JAN 7 1937 J. Predeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-6 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1937, to Jan 6 1937  
I last saw him alive on Jan 6 1937. Death is said to have occurred on the date stated above, at 7:25 AM.

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

Primary Anemia - Labor Date of onset 1/6/37

Other contributory causes of importance:

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) Victor P. Hoepfer M. D.

(Address) 3805 20 Broadway

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.

