

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Registrar's Office No. **1008** File No. **18075**
City *St. Louis* (No. *St. Louis Maternity Hospital*) Registered No. **4651**
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *1538 Bradford Ave. St. N.R.* Ward. *1* *Wallerston, Mo.*
(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 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 21st 1937*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
14

OCCUPATION
8. Trade, profession, or particular kind of work done, as splaner, 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) (STATE OR COUNTRY) *St. Louis Mo.*

FATHER
13. NAME *Nicholas J. Zehr*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Austria*

MOTHER
15. MAIDEN NAME *Priscilla Messing*

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

17. INFORMANT *Mr. Nicholas Zehr*
(ADDRESS) *1538 Bradford Ave*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Calvary Cemetery* DATE *May 6th 1937*

19. UNDERTAKER *Charles F. Stuart & Sons*
(ADDRESS) *1225 Union, Bldg.*

20. FILED *MAY 6 1937*
J. T. Bredek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 4th 1937*

22. I HEREBY CERTIFY That I attended deceased from *May 2nd 1937*, to *May 4th 1937*

I last saw him alive on *May 4th 1937* Death is said to have occurred on the date stated above, at *8:20* m.

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

Acute Enteritis Date of onset *May 3rd*

Other contributory causes of importance: *11 1/2*

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) *John W. Dosh* M. D.

(Address) *1467 Main St.*

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.

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