

JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County Saint Louis

Registration District No. 1123

Township Cannibal Hill

Primary Registration District No. 6248B

City Jefferson-Barracks (No. Veterans Hospital)

File No. 24912

Registered No. 255

St. St. M. Ward

2. FULL NAME John S. ZUMSTEG

(a) Residence, No. 2842 Salena Street St. St. Ward. Saint Louis, Missouri.  
(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. Unkn. 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 Mrs. Rose Zumsteg (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 27, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
63 4 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hosp. Attendant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Sanitarium, St. Louis, Mo.

10. Date deceased last worked at this occupation (month and year) 4 years ago 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) Saint Louis (STATE OR COUNTRY) Missouri

13. NAME Joseph Zumsteg

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Switzerland

15. MAIDEN NAME Mary Koch

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Germany

17. INFORMANT Clinical Clerk M. Schellig (ADDRESS) VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery DATE June 21, 1937

19. UNDERTAKER Heck Bros (ADDRESS) 2201 So. Grand Blvd.

20. FILED June 20, 1937 G. Maury Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1936, to June 18, 1937

I last saw him alive on June 18, 1937. Death is said to have occurred on the date stated above, at 4:47 P.m.

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

Hepatitis, chronic, severe, residuals of chronic cholecystitis Date of onset Unkn.

Other contributory causes of importance: Broncho-pneumonia 127 Unkn.

Name of operation None Date of phy. clinical mani. and laboratory What test confirmed diagnosis? Was there an autopsy? NO

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 cutting his

(Signed) C. W. HUGHES, Chief Med. Officer, M. D. (Address) VAF Jefferson Barracks, Mo.

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.

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