

OCT 14 1937

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

33129
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City St. Louis (d) Street No. Lutheran Hospital Registered No. **9183**
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lee Robert Zoller

(a) Residence, No. 5430 Nagel St. **2**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10, 1937
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 19
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil
 9. Industry or business in which work was done, as 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) Missouri

FATHER 13. NAME Roland Zoller
 14. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Evelyn Lee
 16. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

17. INFORMANT Roland Zoller
 (ADDRESS) 5430 Nagel

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Memorial Park DATE 9/30/37

19. FUNERAL DIRECTOR John L. Ziegenhein & Sons
 (ADDRESS) 7027 Gravois Avenue
St. Louis Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1-12 1937, to Sept 29 1937
 I last saw him alive on Sept 29 1937. Death is said to have occurred on the date stated above, at 2 P. m.
 The principal cause of death and related causes of importance were as follows:

Diarrhea
1192
 Other contributory causes of importance:
Artificial feeding (no infection, again, no death)
 Date of case: 9/17/37

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? no
 If so, specify Thyroid Gland
 (Signed) Thos. Stanford M.D.
 (Address) 3903 Olive St. St. Louis, Mo.

SEP 30 1937

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.

STATEMENT BY LICENSED EMBALMER

I, Clarence P. Kidwell, Licensed Embalmer No. 3877

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E.
No. or by Registered Apprentice No.

working under my personal supervision.

Signed Clarence P. Kidwell
Licensed Embalmer No. 3877

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)