

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.

REC'D NOV 16 1938

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

33833
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. **Central Hospital** Registered No. **8819**
 (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 **Charles F. Zuehlke**

(a) Residence, No. **4633 Carter Ave.** St. **7** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widower**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Late Martha Zuehlke**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 8, 1879**
 7. AGE YEARS **59** MONTHS **7** DAYS **28** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Baker**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Retired**
 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) **Germany**
 FATHER 13. NAME **Gottlieb Zuehlke**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**
 MOTHER 15. MAIDEN NAME **Emma Arndt**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Gustav Zuehlke**
 (ADDRESS) **4633 Carter Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus** DATE **10-10**, 19**38**

19. FUNERAL DIRECTOR (NAME) **Kriegshauser Mortuary**
 (ADDRESS) **4228 So. Kingshighway**

20. FILED **OCT 10 1938** **J. J. Bredeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-6**, 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **6/8**, 19**37**, to **10-6**, 19**38**
 I last saw him alive on **10-6**, 19**38**. Death is said to have occurred on the date stated above, at **4:30** P.M.

The principal cause of death and related causes of importance were as follows:
Coronary Arteriosclerosis
Arteriosclerosis
Hypertensive Hemiparesis
Unspecified
 Date of onset **9/27/38**
6/8/37
 Other contributory causes of importance:
Hypostatic Pneumonia
10/3/38

Name of operation Date of
 What test confirmed diagnosis? **Autopsy** 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? **No**
 If so, specify
 (Signed) **J. J. Bredeck**
 (Address) **5379 Riverwood Blvd**

A. N. Herkell
5329
10-12
Furnessville, Pa.
B.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....
Edwin A. Herkell

Licensed Embalmer No. 3024

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.