

DEC 12 1938

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

37431

Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. 1003  
(b) Township ..... Primary Registration District No. 1003 Registered No. 9758  
(c) City St. Louis (d) Street No. Josephine Hospital St.  
(e) Length of residence in city or town where death occurred 28 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 635 Elizabeth Zertan

(a) Residence, No. 3738 Kosiusko Street St. 24  
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
53 7 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework  
9. Industry or business in which work was done, as saw mill, bank, etc. At Home  
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) Unknown, Italy

FATHER 13. NAME John Imboden  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Italy

MOTHER 15. MAIDEN NAME Mary Mattli  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Italy

17. INFORMANT (ADDRESS) Anton Zertan  
3738 Kosiusko Street

18. BURIAL, CREMATION, OR REMOVAL PLACE New S. S. Peter & Paul Nov. 12, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. J. Robert  
1905 So. Grand Blvd.

20. FILED NOV 10 1938 J. T. Bredbeck Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 9th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Septemb 29th 1938 to Nov 9th 1938  
I last saw her alive on Nov 9th 1938 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:

Cancer of duodenum  
pleur  
Primary seat duodenum

Other contributory causes of importance: bronchial pneumonia

Name of operation Gastroenterectomy Date of Nov 23  
What test confirmed diagnosis? Routing 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 Dr. Robert Grejner M. D.  
2124 Russell Av  
St. Louis Mo

**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 \_\_\_\_\_

Licensed Embalmer No. 502

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.**