

MAN - 51939 FEB 7 1939

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

3810
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township Carondelet Primary Registration District No. 200 Registered No. 21
 (c) City Lemay (d) Street No. Hawkins Road & 61st Highway St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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.
 420

2. PRINT FULL NAME Margaret Zelch
 (a) Residence, No. Route #II Lemay, Missouri St. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Zelch
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 28, 1885
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 3 8
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 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) (STATE OR COUNTRY) Cincinnati, Ohio

FATHER 13. NAME Unknown Scheuer

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) George Zelch Rt. II Lemay, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Old St. Johns Cem. Jan. 6, 1939

19. FUNERAL DIRECTOR (ADDRESS) C. Hoffmeister U. & L. Co. 7814 S. Broadway

20. FILED JAN - 5 1939 R Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1938 to Jan 3, 1939
 I last saw him alive on Jan 2, 1939 Death is said to have occurred on the date stated above, at 6.17 A.M.
 The principal cause of death and related causes of importance were as follows:

Apoplexy
Chronic Bronchitis
Arterio-sclerotic heart disease
 Date of onset Dec 2

Other contributory causes of importance:

Chronic Bronchitis
Arterio-sclerotic heart disease
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? Yes
 If so, specify _____
 (Signed) A. W. Oster M. D.
 (Address) 4145 S. Grand

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

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

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)