

530 MAY 10 1939

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

12854
Do not use this space.

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1008

Registered No. 3196

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis, Missouri (d) Street No. Saint Louis Maternity Hospital 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.

2. PRINT FULL NAME Zempel, Infant

(a) Residence, No. 7823 Stanford St. NR University City, Mo
 (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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1939

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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), Saint Louis, Missouri
 (STATE OR COUNTRY)

FATHER 13. NAME Zempel, Arnold
 14. BIRTHPLACE (CITY OR TOWN), Manawa, Wisconsin
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Sippy, Agnes
 16. BIRTHPLACE (CITY OR TOWN), Loyd, Wisconsin
 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Arnold Zempel 7823 Stanford

18. BURIAL, CREMATION, OR REMOVAL PLACE Wash. Univ DATE 4-5 1939

19. FUNERAL DIRECTOR (ADDRESS) Dept. of Pathology Washington Univ

20. FILED APR 5 1939 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 9:05 A m.

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

Stillborn 24 weeks Date of onset

Other contributory causes of importance:
Toxemia of mother & chronic nephritis.

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?.....

If so, specify.....

(Signed) RJ Tramm, M. D.

(Address) 65 Fair Oaks

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE 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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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.)