

## ISOLATION HOSPITAL MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

30680

Do not use this space.

DESD OCT 14 1939

791  
1003

7743

## 1. PLACE OF DEATH

- (a) County..... / Registration District No.....  
 (b) Township..... Primary Registration District No.....  
 (c) City of St. Louis MO. / (d) Street No. 5600 ARSENAL ST. 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 45 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME Delphine ZERULL.

- (a) Residence, No. 4444 Tholozan St. 15 (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 Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/16/1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
 45 2 20

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. Housework 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) ST. CHARLES MO. (STATE OR COUNTRY)

13. NAME WILLIAM F. Schreiber

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

15. MAIDEN NAME CATHERINE ANGERT.

16. BIRTHPLACE (CITY OR TOWN) ST. CHARLES MO. (STATE OR COUNTRY)

17. INFORMANT Stella GRADY. (ADDRESS) 5600 ARSENAL ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 9-8 1939

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

20. FILED SEP 7 1938 J. F. Bredeck Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/6 1939

22. I HEREBY CERTIFY, That I attended deceased from 6/2 1939, 9/6 1939

I last saw her alive on 9/6 1939 Death is said to have occurred on the date stated above, at 12:10 a.m.  
 The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset

Other contributory causes of importance:

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? No.

(Signed) Dr. Maxwell M. D.  
 (Address) 5600 Arsenal, St. Louis

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**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 *Reinhold A. Lohman*

Licensed Embalmer No. *3395*

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.**