

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 1298

1. PLACE OF DEATH: 7911 1003 1298  
 (a) County St. Louis  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
2314 Louisiana Ave.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME Margaret Zoeller  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Peter J. Zoeller  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Aug. 24 1851  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
88 5 14 hr. min.

9. Birthplace Franklin Co. Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name Dont Know.  
 13. Birthplace Dont Know.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Dont Know.  
 15. Birthplace Dont Know.  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Peter J. Zoeller  
 (b) Address 2314 Louisiana Ave.

17. (a) Burial (b) Date thereof Feb. 10 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. H. Habken, Jr. & Co.  
 (b) Address 2630 Gravois Ave.

19. (a) FEB 8 1940 (b) J. B. Prueck  
 (Date received local registration) (Signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2314 Louisiana Ave.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8th  
 year 1940 hour 1 minute 45 A. M.

21. I hereby certify that I attended the deceased from Jan 24  
 \_\_\_\_\_, 1940 to Feb 8, 1940  
 that I last saw her alive on Feb 7, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis  
 Duration 9 days

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions Heart Defect 15 days  
 (Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
 (a) Means of injury \_\_\_\_\_

23. Signature J. B. Prueck (M. D. or other)  
 Address 3014 S. Jefferson Date signed Feb 10 1940

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.

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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.....

Robert F. Gebken

Registered Apprentice No. 187

working under my personal supervision.

Signed.....

*Hermon A. Gebken*

Licensed Embalmer No. 2120

2842 Meramec St.

P. O. Address.....

St. Louis, Mo.

**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.**