DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED MAR 12 1940

State File No. 4748

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1578

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether years, months or days)

In this community 78 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")

(d) Street No. 5540 Pershing Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Catherine Prince Zeltner

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Max

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 1, 1861 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
78	11	15	hr. min.

9. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER 12. Name Louis M. Prince

13. Birthplace Scotland (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Jane Hart

15. Birthplace England (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Elsie Sayers

(b) Address 5540 Pershing Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/1940 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai

18. (a) Signature of funeral director Manger

(b) Address 4356 Lindell Blvd

19. (a) FEB 16 1940 (Date received by registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15 year 1940 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from 10 years, 19, to, 19; that I last saw her alive on Feb. 15, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar pneumonia of right lower lung	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Chronic myocarditis	

Major findings:
Of operations

Of autopsy

PHYSICIAN — 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Lawson Wenneman (M. D. or other)

Address 110 Theater Bldg. Date signed 2-16-40

(Licensed Embalmer's Statement on Reverse Side)

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 X19811

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.....J. G. Sullivan.....

Licensed Embalmer No.....1122.....

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.