FILED APR 15 1940

V. S. No. 2
OM—11-10-39
Rev. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9041 ~~2524~~

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

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

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

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

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 24
(If outside city or town limits write "RURAL")

(d) Street No. 2122 Cherokee
(If rural, give location)

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

3. (a) PRINT FULL NAME Adolph G. Zeller

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Elizabeth Zeller

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased July (Month) 3 (Day) 1889 (Year)

8. AGE: Years 50 Months 8 Days 12 If less than one day hr. min.

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

10. Usual occupation Street Department

11. Industry or business City of St. Louis

FATHER
12. Name Adolph Zeller
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Louise Andres
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Elizabeth Zeller
(b) Address 2122 Cherokee

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 18 '40 (Month) (Day) (Year)
(c) Place: burial or cremation SS Peter-Paul Cem.

18. (a) Signature of funeral director [illegible]
(b) Address 3013 Meramec

19. (a) MAR 16 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1940 hour 3.55 minute P. M.

21. I hereby certify that I attended the deceased from 2-10-, 1940, to 3-10-, 1940 that I last saw him alive on 3-10-, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	2 hrs.
Due to: previous influenza attack from Feb 15-to 3-9-40	Feb. 10
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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 L. F. Murray (M. D. or other)
Address 1831-S-9th St. Date signed 3/16-40

(Licensed Embalmer's Statement on Reverse Side)

1831 S. Ninth
1 to 3 P.M.

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 George J. Archambault, Registered Apprentice No. ——, working under my personal supervision.

Signed George J. Archambault

Licensed Embalmer No. 2906

P. O. Address 3013 Miramar

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.