

Registration District No. 791Primary Registration District No. 1003Registrar's No. 6060

## 1. PLACE OF DEATH:

(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:  
3219 Liberty St. 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution - - (Specify whether  
 In this community 80 years years, months or days)

3. (a) PRINT FULL NAME Frank Zengel 5243. (b) If veteran, name war - 3. (c) Social Security No. none4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive - years7. Birth date of deceased March 14, 1860  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
80 4 4 hr. min.9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Retired 15 years11. Industry or business -

MOTHER FATHER  
 { 12. Name Joseph Zengel 9  
 { 13. Birthplace Unknown (City, town, or county) (State or foreign country)  
 { 14. Maiden name Unknown  
 { 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Geo. Kuffinger(b) Address 3219 Liberty St.17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20, 1940  
(Month) (Day) (Year)(c) Place: burial or cremation St. Paul Churchyard18. (a) Signature of funeral director Wacker Heubel, D. L. Co.(b) Address 2331 So. Broadway19. (a) JUL 19 1940 (Date received local registrar) (b) J. F. Bredenk (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County -  
 (c) City or town St. Louis 15  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3219 Liberty 0  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? - years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18  
year 1940 hour 7 minute 8 a. m.21. I hereby certify that I attended the deceased from July 15th, 1940, to July 18, 1940  
that I last saw him alive on July 17th - P.M., 1940  
and that death occurred on the date and hour stated above.Immediate cause of death Chr. endocarditis Duration 4 yrs  
& Chronic MyocarditisDue to 131Due to 131  
Other conditions Chr. Interstitial Nephritis  
(Include pregnancy within 3 months of death)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) No -  
 (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)  
 (c) Means of injury -  
 23. Signature Renee J. H. H. M.D. (M. D. or other) M.D.  
 Address 4500 Jefferson Date signed 7-19-40

**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 Robert Wheeler

Licensed Embalmer No. 2128

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.**