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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29586

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 1626

1. PLACE OF DEATH:

(a) County St. Louis
Clayton

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 2

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

3. (a) PRINT FULL NAME Lydia Zwilling, 452

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 Philipp Zwilling

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

7. Birth date of deceased Nov 22 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

79 9 3 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Geo. Preiss

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

14. Maiden name Barbara Finke

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

16. (a) Informant Jane R. Zwilling

(b) Address 524 Greeley Ave Webster Groves

17. (a) Burial (b) Date thereof 01/21/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elm Lawn Cemty

18. (a) Signature of funeral director J. R. Bopp

(b) Address 131 W. Argonne Kirkwood

19. (a) AUG 26 1940 (b) DR. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

0 Mo (b) County St. Louis

(a) State _____

(c) City or town Clayton
(If outside city or town limits, write "RURAL")

(d) Street No. 8022 Carondelet
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25
year 1940 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 29 1927 to Aug 25 1940
that I last saw her alive on Aug 25 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis
Popliteal Artery (Left)

Duration 10000

Due to General Arterio-Sclerosis 304x

Due to 95

Other conditions Hypertension 204x
(Include pregnancy within 9 months of death)

Major findings: Heart Disease

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? _____

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature A. R. Shuppler (M. D. or other) !
*Address 1020 W. Hunter Blv Date signed 8-26-40

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

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.....

Louis H. Bopp

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Louis H. Bopp*

Licensed Embalmer No. *921*

P. O. Address *Rickwood*

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.