No. 2
13-40
7-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33875

Registrar's District No. 791 | Primary Registration District No. 1003 | Registrar's No. 8572

FILED NOV 16 1940

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: 4515 Lindell Blvd. 20
(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 40 Years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis. 12
(If outside city or town limits, write "RURAL")
(d) Street No. 4515 Lindell Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Elisa Kreppelt Zahn.
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 Widow.
6. (b) Name of husband or wife Justus Zahn.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 25, (Day) 1856. (Year)

8. AGE: Years 84 | Months 4 | Days 20 | If less than one day hr. min.

9. Birthplace Illinois. (City, town, or county) (State or foreign country)
10. Usual occupation At Home.
11. Industry or business

MOTHER FATHER
12. Name Leonard Kreppelt.
13. Birthplace Germany. (City, town, or county) (State or foreign country)
14. Maiden name Christine Bender.
15. Birthplace Germany. (City, town, or county) (State or foreign country)

16. (a) Informant Miss Else T. Zahn.
(b) Address 4515 Lindell Blvd.
17. (a) Cremation. (Burial, cremation, or removal) (b) Date thereof 10-17-40 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory
18. (a) Signature of funeral director Arthur Donnelly
(b) Address 3840 Lindell Blvd
19. (a) OCT 17 1940 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15th. year 1940 hour 7 minute 10 P. M.
21. I hereby certify that I attended the deceased from Oct 15, 1940 to Oct 15, 1940 that I last saw him alive on Oct 15, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis of Coronary Thrombosis of — Duration 12 hrs
Due to
Due to Arterial Sclerosis
Other conditions (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)
(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 F. Neuhoff (M. D. or other)
Address 3206 Lafayette Ave Date signed Oct 16/40

(Licensed Embalmer's Statement on Reverse Side)

Dr Kennedy
3206 Lafayette Av
7-8

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.