

Registration District No.

791

Primary Registration District No.

Registrar's No.

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:
5108 Cologne
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether
 In this community 47 years
 years, months or days)

3. (a) PRINT FULL NAME ZAHL, ERNST R.

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 Caroline Renz Zahl 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March 26 (Month) (Day) (Year) 1865

8. AGE: Years 75 Months 6 Days 23 If less than one day hr. _____ min. _____

9. Birthplace Hirschfeld Germany
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Brewery

12. Name Carl Zahl

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

14. Maiden name UNKNOWN

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

16. (a) Informant's own signature Caroline Zahl

(b) Address 5108 Cologne

17. (a) Sunset Burial Park (b) Date thereof October 21, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Beiderwieden

(b) Address 1936 St. Louis Ave.

19. (a) OCT 21 1940 (b) _____
 (Date of death local Registrar) (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. 5108 Cologne
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 57 50 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October Day 19
 year 1940 hour 4 minute 23 A. M.

21. I hereby certify that I attended the deceased from Aug 26, 1940, to Oct 19, 1940, that I last saw him alive on Oct 18, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage (apoplexy) Duration 3 days

Due to arterio sclerosis 1 1/2 yrs

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

PHYSICIAN _____
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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 Andrew Pungman (M. D. or other) _____

Address 4202 Gravois St. Louis Date signed Oct 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.....

Licensed Embalmer No. *3737*

P. O. Address. *1936 St. Louis*

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.