

JAN 15 1947 91

Registration District No. _____

Primary Registration District No. **1003**

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: **2905 A Magnolia Ave.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **40 Years**
years, months or days

3. (a) PRINT FULL NAME **AGNES ZULLIG**

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 **Married**

6. (b) Name of husband or wife **Fred. W. ZULLIG** 6. (c) Age of husband or wife if alive **55** years

7. Birth date of deceased **June 24th 1885**
(Month) (Day) (Year)

8. AGE: Years **55** Months **5** Days **7** If less than one day hr. _____ min. _____

9. Birthplace **ILLINOIS**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **At Home**

MOTHER FATHER { 12. Name **August Horstman**

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

14. Maiden name **Mary Swar**

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

16. (a) Informant **Fred Zullig**

(b) Address **2905 A Magnolia Ave.**

17. (a) **Burial** (b) Date thereof **Dec 4th/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SunSet Burial Park**

18. (a) Signature of funeral director **Thos. Rutis, Son**

(b) Address **2906 Gravois Ave.**

19. (a) **DEC 2 1946** (b) **J. H. Bredich**
(Date received at registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis.** 17
(If outside city or town limits, write "RURAL")
(d) Street No. **2905 A Magnolia Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **Dec** day **1st**
year **1940** hour **5 40 A.M.** minute _____ M.

21. I hereby certify that I attended the deceased from **November 22nd.**, 19**40**, to **December 1,** 19**40**;
that I last saw her alive on **November 22nd.**, 19**40**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of uterus with metastases**
Duration **About 1 year**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **NO**

Major findings: Of operations _____

Of autopsy _____

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 **C. W. [unclear]** (M. D. or other) _____
Address **2278 S. Jefferson** Date signed **Dec. 2nd**

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.....

.....
working under my personal supervision.

Geo. Budde

Registered Apprentice No.

Signed.....

Geo. Budde

Licensed Embalmer No.

3989

P. O. Address.....

St. Louis

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.