

No. 2  
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5-17-39  
-I X23155

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **5474**  
Registrar's No. **1722**

CU MAR 25 1941

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(c) Name of hospital or institution **532 Fassen st.**  
(d) Length of stay: In hospital or institution **10 yrs.**  
In this community **10 yrs.**

3. (a) **William D. Zeip**  
FULL NAME

3. (b) If veteran, name war **None**  
3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Frieda Zeip**  
6. (c) Age of husband or wife if alive **59** years  
7. Birth date of deceased **February 3 1870**

8. AGE: Years **71** Months **0** Days **18**  
If less than one day **hr. min.**

9. Birthplace **St. Louis Mo.**

10. Usual occupation **Retired**

11. Industry or business

MOTHER, FATHER { 12. Name **Diedrich Zeip**  
13. Birthplace **Russia**  
14. Maiden name **Charlotte Hagemeyer**  
15. Birthplace **St. Louis Missouri**

16. (a) Informant **Frieda Zeip**  
(b) Address **532 Fassen st.**

17. (a) **Burial** (b) Date thereof **Feb. 24. 41**  
(c) Place: burial or cremation **Friedens Cemetery**

18. (a) Signature of funeral director **C. Hoffmeister Wash Co.**  
(b) Address **7814 S. Broadway**

19. (a) **FEB 24 1941**  
(b) Registrar's signature **J. Bredeck**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis**  
(d) Street No. **532 Fassen st.**  
(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **21**  
year **1941** hour **3** minute **30** p. M.

21. I hereby certify that I attended the deceased from **Feb 17**  
**1941** to **Feb 21** **1941**  
that I last saw him alive on **Feb 21** **1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**

Due to **Degenerative Myocarditis**

Due to

Other conditions (Include pregnancy within 3 months of death)

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?  
(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 **S. A. West** (M. D. or other)  
Address **439 Bates** Date signed **2/22/41**

Duration **5 days**  
PHYSICIAN **W. J. C.**  
# Underline the cause to which death should be charged statistically.

439 B.C.C.

**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 Linus C. Hoffmeyer  
Licensed Embalmer No. 3871  
P. O. Address 7814 S. Broadway

**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, fact should be so stated above.**