

No. 2
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8557**

Registration District No. **7917**

Primary Registration District No. **1003**

Registrar's No. **1967**

1. PLACE OF DEATH:

(a) County _____

(b) City or town **Saint Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **3309 Cherokee Street.**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULLNAME **Andrew J. Zeller.**

3. (b) If veteran, name war _____ 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 **Barbara Zeller.** 6. (c) Age of husband or wife if alive **69.** years

7. Birth date of deceased **January 13th, 1870.**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	1	15	hr. _____ min. _____

9. Birthplace **Unknown / Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Painter.**

11. Industry or business _____

12. Name **Henry A. Zeller**

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

14. Maiden name **Margaret Blaser.**

15. Birthplace **Unknown / Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Barbara Zeller**
(b) Address **3309 Cherokee Street.**

17. (a) **Burial** (b) Date thereof **March 3, 41.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **S.S. Pater & Paul Cem.**

18. (a) Signature of funeral director **Ziegenhain**
(b) Address **2623 Cherokee Street.**

19. (a) **MAR 2 1941** (b) **J. H. Redick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County **000**

(c) City or town **Saint Louis.** **16 17 9**
(If outside city or town limits, write "RURAL")

(d) Street No. **3309 Cherokee**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **28th.**
year **1941.** hour **3** minute **15 A. M.**

21. I hereby certify that I attended the deceased from **Jan 1941** to **Feb 28, 1941**; that I last saw him alive on **Feb 28, 1941**; and that death occurred on the date and hour stated above.

Immediate cause of death **cardiac failure**
coronary disease

Due to _____
Due to _____

Other conditions **g. 4 a**
(Include pregnancy within 3 months of death)

Major findings: **g. 4 b**
Of operations _____

Of autopsy _____

Duration _____

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 **2/28/41**

(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 **1**

23. Signature **B. H. Dray** (M. D. or other) **MD**
Address **3606 STRAUGH** Date signed **3-1-41**

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

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17
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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 E Morris

Licensed Embalmer No. *3360*

P. O. Address *2623 Cherokee*

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.