

Fl16636
V. S. No. 2
OM-1-4-41
Rev. 5-17-39
I X26390

8987
2397

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

791

1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 100
(c) City or town ST. LOUIS 1713
(If outside city or town limits, write "RURAL")
(d) Street No. 5436 O'DELL AV. 9
(If rural, give location)
(e) Citizen of foreign country? CITIZEN 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Zeiser

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex MALE 0 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife FRANCES ZEISER 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased SEPT. 13 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

11. Industry or business _____

MOTHER FATHER { 12. Name HENRY ZEISER
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

{ 14. Maiden name MARY UNKNOWN
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Frances Zeiser
(b) Address 5436 O'Dell

17. (a) BURIAL (b) Date thereof MARCH 17-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MANCHESTER CEM.

18. (a) Signature of funeral director E. J. Schur
(b) Address 3125 LAFAYETTE AV.

19. (a) MAR 17 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14, year 1941 hour 11:25 minute _____ A. M.

21. I hereby certify that I attended the deceased from March 5, 1941 to March 14, 1941; that I last saw him alive on March 14, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cellulitis of right foot Duration 2 weeks +

Due to Arteriosclerotic Heart Disease Diabetes Mellitus ?

Due to _____
Other conditions Sept inguinal hernia ?
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy not permitted [Signature] [Signature]
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. of other) _____
Address 1515 Lafayette Avenue Date signed 3/14/41

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

000
17
9

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 Joseph B. Vollmer
Licensed Embalmer No. 4014
P. O. Address 3125 Lafayette Ave

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.