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41
39
28390

FILED SEP 17 1941

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6915

1. PLACE OF DEATH: **St. Louis, Mo.**
 (a) County _____
 (b) City or town _____
 (c) Name of hospital or institution: **City Sanitarium 2**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. **3 mos. 29 days.**
54 yrs. 6 mos. 3 days (Specify whether years, months or days)
 In this community _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County 000
 (c) City or town **St. Louis** (If outside city or town limits, write "RURAL") 1710
 (d) Street No. **3943 Sherman Pl.** (If rural, give location) 9
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **WILLIAM F. ZEHNER**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **No**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **August** day **25**
 year **1941** hour **9:55** minute **P.** M.

4. Sex **Male** 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Johanna Zehner**
 6. (c) Age of husband or wife if alive **49** years
 7. Birth date of deceased **Feb. 22, 1887**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **4-28-41** 19 to **8-25-41** 19
 that I last saw him alive on **8-25-41** 19
 and that death occurred on the date and hour stated above.
 Immediate cause of death **Chronic Myocarditis 1941x**
 Duration _____

8. AGE: Years **54** Months **6** Days **3**
 If less than one day hr. _____ min.

Due to **Gen. Paresis 1941x**
 Due to _____

9. Birthplace **St. Louis Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Custodian**

11. Industry or business **Board of Education**

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **John L. ...**
 (b) Address **5400 Arsenal St**

17. (a) **burial** (b) Date thereof **8-28-41**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Friedens Cemetery**
Suedmeyer & Sons

18. (a) Signature of funeral director _____
 (b) Address **3934 N. 20th St.**

19. (a) **AUG 26 1941** (b) **J. F. Buddeck**
 (Date of local Registrar) (Registrar's signature)

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

Major findings: Of operations **30**
 Of autopsy **No.**

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? _____

(Specify type of place) _____
 (e) Means of injury _____
 23. Signature **Hubert P. ...** (M. D. or other) _____
 Address **5400 Arsenal St** Date signed **8/26/41**

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Alfred J. Baerle*

Licensed Embalmer No. *2663*

P. O. Address *5934 Alpha*

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.