

DEC 22 1941

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8830

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Anthony's Hoospital *D*
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1141 Kentucky Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5th
year 1941 hour 7:15 minute P.M. M.
21. I hereby certify that I attended the deceased from Oct 5
1941 to Nov 5 1941
that I last saw h. _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Tillie Ida Zoll

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harry J. Zoll 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased March 11th 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 7 25 hr. min.

9. Birthplace St. Louis Mo. 12
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name George Thiel

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Harry J. Zoll

(b) Address 1141 Kentucky Ave.

17. (a) Burial (b) Date thereof 11-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) NOV 7 1941 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

Immediate cause of death _____
Due to Pulmonary Embolism
Due to Operation: Abdominal Hernia - no Cancer 10/20/41
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations 122a
Of autopsy yes Pulmonary embolism

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? _____

23. Signature Albert F. Dina (M. D. or other) _____
Address 1841 2124 Date signed 11/6/41

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

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

A.M.

194/As 12th St.

PL 4 295'
+ 5' 2 3 Naqualin Pr: 3680

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.....
Edwin M. Bennett

Licensed Embalmer No..... *3024*

P. O. Address.....

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.