S. No. 2
I—1-4-41
. 5-17-39
P I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37025

Registration District No. DEC 22 1941 791

Primary Registration District No. 1003

Registrar's No. 9255

1. PLACE OF DEATH:

(a) County: St. Louis, Missouri

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 302 West Schirmer St., /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State: Missouri (b) County: 119

(c) City or town: St. Louis (If outside city or town limits, write "RURAL")

(d) Street No.: 302 West Schirmer St. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Michael J. Zeller

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married /

6. (b) Name of husband or wife: Adele Zeller

6. (c) Age of husband or wife if alive: 58 years

7. Birth date of deceased: August 3, 1878 (Month) (Day) (Year)

8. AGE: Years 63 Months 3 Days 15 If less than one day hr. min.

9. Birthplace: St. Louis, Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation: Retired Baker 6 Years

11. Industry or business:

FATHER 12. Name: Michael J. Zeller

FATHER 13. Birthplace: Switzerland 0 (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Elizabeth Schneider

MOTHER 15. Birthplace: Missouri (Cole County) 0 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Adele Zeller

(b) Address: 302 W. Schirmer

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-22-41 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Olive

18. (a) Signature of funeral director: SOUTHERN FUNERAL HOME

(b) Address: 6322 S. Grand Blvd.

19. (a) NOV 22 1941 (Date received by local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18th year 1941 hour 11 minute 45 p. M.

21. I hereby certify that I attended the deceased from october 30 1941 to nov 18 1941 that I last saw him alive on nov 18 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion (Instant) coronary Sclerosis (6 mos.)

Due to: 0

Due to: Chronic Myocarditis 2 yr.

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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

(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)

While at work? Means of injury 0

23. Signature: George A. Sullivan M.D. (M. D. or other)

Address: 421 W. Schirmer Date signed 11/22/41

(Licensed Embalmer's Statement on Reverse Side)

Dr Geo. O'Sullivan
421 Schirmer

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 Virgil L. Berryman

Licensed Embalmer No. 4018

P. O. Address St Louis Mo

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.