S. No. 2
M—1-4-41
v. 5-17-39
I X2639

WHITE 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

1052

State File No. 772

FEB 24 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
3522 Connecticut
(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 Missouri (b) County

(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3522 Connecticut
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Caroline Zeller

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 Widowed.

6. (b) Name of husband or wife Henry T. Zeller.

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

7. Birth date of deceased March (Month) 19 (Day) - 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
73	10	5	hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Charles Glenser
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louise Ohnmeis
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A.E.Phillips
(b) Address 5312 Bancroft

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 1/26/1942. (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul's Churchyard

18. (a) Signature of funeral director C.R.Lupton & Sons
(b) Address 7233 Delmar Blvd

19. (a) JAN 26 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24 year 1942 hour 4 minute 35A M.

21. I hereby certify that I attended the deceased from January 5th, 1942 to January 24th, 1942 that I last saw her alive on January 24th, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cirrhosis Liver. —	2 yrs.
Due to Abdominal Ascites	9 mo.
Due to —	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (e) Means of injury

23. Signature Albert Reisbarth (M. D. or other) M.D.
Address 3548 S. Grand Date signed 1/24/42

(Licensed Embalmer's Statement on Reverse Side)

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Dr. AlbertBeisbarth
3548 So. Grand
La. 3637
11 - 1.

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 Bradford R. Miles

Licensed Embalmer No. 2901

P. O. Address University City 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.