. S. No. 2
M—9-4-41
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED APR 13 1942

State File No. 9447

Registration District No. 791

Primary Registration District No.

Registrar's No. 2542

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: Jewish Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community Birth
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 26

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

(d) Street No. 1923 Angelrodt St.
(If rural, give location)

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

If yes, name country 0

000 17 9 1

3. (a) PRINT FULL NAME George G. Zwilling

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Minnie C. Zwilling nee Lenger

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased November 30, 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	3	17	hr. min.

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

10. Usual occupation Porter

11. Industry or business Famous-Barr

FATHER
12. Name George Zwilling
13. Birthplace St. Louis County, Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Matthes
15. Birthplace St. Louis County, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Minnie C. Zwilling
(b) Address 1923 Angelrodt St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) MAR 21 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th
year 1942 hour 6:45 PM minute M.

21. I hereby certify that I attended the deceased from Oct 9 - 41, 19 to March - 19, 1942
that I last saw him alive on March - 19, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of Genito urinary Tract

Due to Lungs not affected

Due to

Other conditions 20
(Include pregnancy within 3 months of death) 30

Major findings:
Of operations T.B. of Testicles

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? (e) Means of injury

23. Signature J. G. Prolsten (M. D. or other)

Address Sister Bldg Date signed 3/20/42

(Licensed Embalmer's Statement on Reverse Side)

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

00 17 9

#P

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 William G. Buchholz

Licensed Embalmer No. 2110

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.