S. No. 2
M—9-4-41
v. 5-17-39
P I X29484

20154

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JUL 13 1942

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5647

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo

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

(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 11 y 5 m 6 d. (Specify whether

In this community 38 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County 13 ~~23~~ 000 17 9

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

(d) Street No. 1908 So. 12th St. (If rural, give location)

(e) Citizen of foreign country? Unknown 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Frank Zoff

3. (b) If veteran, name war Unknown

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Wid'r. 2

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive 14 years

7. Birth date of deceased April (Month) (Day) 1870 (Year)

8. AGE: Years 72 ~~[illegible]~~ Months 2 Days 16 If less than one day 8 hr. 45 min.

9. Birthplace Czeko-Slavakia (City, town, or county) 6 (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Frank Zoff
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Caroline Maynard
15. Birthplace Europe (City, town, or county) 4 (State or foreign country)

16. (a) Informant A. Wyost

(b) Address City Sanitarium

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3 1942 (Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director Wm C. Moydell

(b) Address 1926 Allen Avenue

19. (a) JUL 1 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month June day 30 year 1942 hour 8 minute 45 A M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Chronic Myocarditis 1942 plus	
Due to Carcinoma Gall Bladder 1942 plus	
Due to Senility 1942 plus	
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 Robert O. Smith (M. D. or other)

Address 5400 Arsenal Date signed 6/30/42

(Licensed Embalmer's Statement on Reverse Side)

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. Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address. 1926 Allen

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.