

Filed DEC 1 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9649

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2040 Harris Avenue /
(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)

3. (a) PRINT FULL NAME Emma Zoeller Fix

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Henry W. Fix 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 16 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Central City Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Gottfried Zoeller 13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Amalia Rosenbaum 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Peter G. Fix

(b) Address 1620 Veronica St.

17. (a) Burial (b) Date thereof 11/21/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem

18. (a) Signature of funeral director Kraeger-Voss-Fix
3402 No. Kingshighway

19. (a) Nov 19 1942 (b) J. F. Beedeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL") 9
(d) Street No. 2040 Harris Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18th
year 1942 hour 2 minute _____ P. M.

21. I hereby certify that I attended the deceased from March 10th 1941 to Nov. 18th 1942
that I last saw her alive on Nov. 18th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Purpura Hemorrhagica Duration 10 DAYS

Due to Gastro-Intestinal Hemorrhages 3 DAYS

Due to Senile Dementia 18 Mo.

Other conditions (Include pregnancy within 8 months of death) _____

Major findings: Of operations 1922 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Edwin J. Kroll (M. D. or other) MD.
Address 3635 W. Dunbar Date signed 11/19/42

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

MOTHER FATHER

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 Isaac W. Wilkinson

Licensed Embalmer No. 3575

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, above space should be left blank.