

FILED JAN 14 1943

318

Primary Registration District No. 100

Registrar's No. 71

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1218a Russell Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Unknown (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jacob J. Zeumann, Jr.
3. (b) If veteran, name war No
3. (c) Social Security No. 489-09-9695

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased October 19, 1919
(Month) (Day) (Year)

8. AGE: Years 23 Months 2 Days 13
If less than one day hr. min.

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

10. Usual occupation Tent & Awning

11. Industry or business Canvas Product Co.

MOTHER FATHER
12. Name Jacob Zeumann
13. Birthplace Austria
(City, town, or county) (State or foreign country)
14. Maiden name Susanna Mayer
15. Birthplace Austria
(City, town, or county) (State or foreign country)

16. (a) Informant Jacob Zeumann
(b) Address 1218a Russell Ave.

17. (a) Burial (b) Date thereof 1 6 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old S.S. Peter & Paul Cemetery
18. (a) Signature of funeral director Stecher, Hildebrand & Co.
(b) Address 3634 Gravois Ave.

19. (a) JAN 4 1943 (b) S. F. Medlock
(Date of burial or local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 12
(c) City or town St. Louis, 9 23
(If outside city or town limits, write "RURAL")
(d) Street No. 1218a Russell Ave.
(If rural, give location)
(e) Citizen of foreign country? -- (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2 30 P.M.
1943 year hour minute

21. I hereby certify that I attended the deceased from Oct. 25
1942 to Jan - 2 - 1943
that I last saw him alive on Jan - 2 - 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Abscess in Ethmoidal Sinus Duration
abscess ruptured cerebellum

Due to Cair state
Due Abscess in Ethmoidal Sinus
Other conditions 10/4
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: 10/4
Of operations
Of autopsy X
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 S. F. Medlock (M. D. or other)
Address 900-R Russell Date signed 1-4-43

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

B

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.....

Frank J. Gland.

Licensed Embalmer No.....

P. O. Address.....

2645

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.