

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4956

State File No.

Registrar's No.

FILED MAR 2 1943

318

Primary Registration District No.

1003

1548

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:
5224 So. Kingshighway Blvd.
(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 Julius H. Zepp
3. (b) If veteran, name war..... none
3. (c) Social Security No.....

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced, widower
6. (b) Name of husband or wife Late Barbara Zepp
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 22nd 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 0 24 hr. min.

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

10. Usual occupation Dept. Manager

11. Industry or business Cigarette & cigar tobacco

12. Name Joseph Zepp

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Agnes Allen
(b) Address 5224 So. Kingshighway Blvd

17. (a) Burial (b) Date thereof 2-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Marcus

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 5224 So. Kingshighway Blvd.

19. (a) FEB 16 1943 J. J. Brucke
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5224 So. Kingshighway Blvd.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15th
year 1943 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan. 15th 1943 to Feb. 15, 1943
that I last saw him alive on Feb. 15, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocarditis
Due to senility.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

10 years

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? Means of injury

23. Signature J. J. Brucke (M. D. or other)

Address 5224 So. Kingshighway Blvd. Date signed Feb 16/43

2113 So. Denard
2-25-20

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..... *Richard W. Storrsand*
Licensed Embalmer No. *4007*

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, fact should be so stated above.