S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8954

FILED MAR 30 1943

Registration District No. 218 Primary Registration District No. 1002 Registrar's No. 2705

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 4 Hours (Specify whether years, months or days)

In this community: 48 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000 17

(c) City or town: City of St. Louis 9 1
(If outside city or town limits, write "RURAL")

(d) Street No.: 110 Nagel Ave.
(If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: Alice G. Zell

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Edgar W. Zell

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

7. Birth date of deceased: Oct. (Month) 9 (Day) 1894 (Year)

8. AGE: Years 48 Months 5 Days 10 If less than one day hr. min.

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

10. Usual occupation: Clerical Work

11. Industry or business: State Offices

FATHER
12. Name: Arthur Jackson
13. Birthplace: (City, town, or county) Scotland (State or foreign country)

MOTHER
14. Maiden name: Anna Smyth
15. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Nell Dwyer

(b) Address: 110 Nagel

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-23-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Valhalla Cemetery

18. (a) Signature of funeral director: Southern Funeral Home

(b) Address: 6322 So. Grand Blvd.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th year 1943 hour 10:30 minutes P. M.

21. I hereby certify that I attended the deceased from Dec. 16th, 1939 to Mar. 19th, 1943 that I last saw her alive on March 19th, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	10 hrs
Due to: Essential Hypertension	4 years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: No	

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: James A. Sullivan (M. D. or other)

Address: 2864 N Union Bl. Date signed: 3/20/43

(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 Virgil L. Berryman

Licensed Embalmer No. 4018

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.