

S. No. 2
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5-17-39
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16785

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 19 1943 18

Registration District No.

Primary Registration District No. **1003**

Registrar's No. **4416**

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:
5242 Gilmore
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community **Life** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5242 Gilmore**
(If rural, give location) **17**
(e) Citizen of foreign country? (Yes or No)
If yes, name country **9**
0

3. (a) PRINT FULL NAME **Julius Zastrow**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Louise Wehmuller Zastrow** 6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **March 1 1879**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	2	8 hr. min.

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

10. Usual occupation **Pump Attendant Garage**

11. Industry or business **City of St. Louis**

MOTHER FATHER

12. Name **Julius Zastrow**

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

14. Maiden name **Emilie Schuerman**

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

16. (a) Informant **Louise Wehmuller Zastrow**

(b) Address **5242 Gilmore Ave**

17. (a) **Burial** (b) Date thereof **May 12 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Bethlehem Cemetery**

18. (a) Signature of funeral director **Beiderweden Funl Home Inc**

(b) Address **1936 St. Louis Ave**

19. (a) **MAY 12 1943** (b) **J. F. Bedeck**
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **9**
year **1943** hour **7:30** minute **P** M.

21. I hereby certify that I attended the deceased from
....., 19**39** to **May 9th**, 19**43**
that I last saw him alive on **May 7 5th**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary sclerosis** Duration **4 yrs**

Due to **CH**

Due to **General Hypertension** **Don't know**

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 **R. R. Menoun** (M. D. or other) **M.D.**

Address **5330 Geraldine** Date signed **5/11/43**

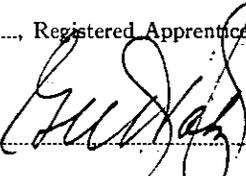
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....



Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Ave

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.