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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

16787  
State File No. \_\_\_\_\_  
Registrar's No. 5076

FILED JUN 9 1943  
Registration District No. 318

Primary Registration District No. 1003

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

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:  
Alexian Bros Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ 8 weeks \_\_\_\_\_ (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State. Missouri (b) County. St. Louis 96  
(c) City or town. Overland NR  
(If outside city or town limits, write "RURAL") 13  
(d) Street No. 2848-Wise Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mark W. Zeller

3. (b) If veteran, name war. World War #1 3. (c) Social Security No. None

4. Sex. M 0 5. Color or race W 6. (a) Single, widowed, married, divorced. M

6. (b) Name of husband or wife. Linnie 6. (c) Age of husband or wife if alive. 50 years

7. Birth date of deceased. July 26 1890  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
52 10 3 hr. \_\_\_\_\_ min.

9. Birthplace. Kansas City Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation. Court Reporter

11. Industry or business. self

MOTHER FATHER { 12. Name. James Zeiler

{ 13. Birthplace. Lexington Mo. 0  
(City, town, or county) (State or foreign country)

{ 14. Maiden name. Anna Carpenter

{ 15. Birthplace. Plattsburg Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant. Linnie Zeller

(b) Address. 2848-Wise Ave-Overland, Mo.

17. (a) Burial (b) Date thereof. 6-1-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation. National Cemetery

18. (a) Signature of funeral director. Bannan Bros Inc.  
(b) Address. 2504-Woodson Rd-Overland, MO.

19. (a) JUN 2 1943 J. F. Predeck  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29  
year. 1943 hour 4 minute 56 A. M.

21. I hereby certify that I attended the deceased from Sept-8  
1942 to May 29-1943  
that I last saw her alive on May 28-1943 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary  
of blood primary  
Due to 52

Due to \_\_\_\_\_  
Other conditions Myocardial  
(Include pregnancy within 3 months of death)

Major findings: Heart tumor base of  
Of operation heart. Apr 6-1943  
Of autopsy \_\_\_\_\_

Duration  
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)  
(a) Means of injury 0 MD  
23. Signature W. H. Mages (M. D. or other)  
Address 743 Wise Ave Date signed \_\_\_\_\_

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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 W. G. Peterson  
Licensed Embalmer No. 3767 - City 17  
P. O. Address. Overland 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.