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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20200

FILED JUN 19 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5395

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 5458 DRESDEN 1
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST. LOUIS 175
(If outside city or town limits, write "RURAL")

(d) Street No. 5458 DRESDEN 9
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME THERESA ZITKO

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife EDWARD ZITKO

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased MAR. (Month) 30 (Day) 1890 (Year)

8. AGE: Years 53 Months 2 Days 12 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER 12. Name HENRY WINKELS

13. Birthplace (City, town, or county) MISSOURI 0 (State or foreign country)

MOTHER 14. Maiden name MARY SCHOLKEN

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

16. (a) Informant EDWARD ZITKO

(b) Address 5458 DRESDEN

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

(c) Place: burial or cremation NEW SS PETER & PAUL

18. (a) Signature of funeral director Thos Kutis & Son

(b) Address 2986 Gravois

19. (a) JUN 13 1943 (Date received local registrar) J. F. Bredeek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 11 year 1943 hour 1 minute 50A M.

21. I hereby certify that I attended the deceased from 2/2/40, 19..., to June 11, 1943 that I last saw her alive on 6-9, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis & mitral stenosis (Rheumatic.) — Duration: Many years

Hypertension — 8 yrs.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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) no

(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 Wm. J. Watson M.D. (M. D. or other)

Address 3804 Wilmington ave. Date signed 6/11/43

(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: David Vail Fossum

Licensed Embalmer No. 4242

P. O. Address 2906 Francis St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.