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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 4 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29273

State File No.

Registration District No. 317

Primary Registration District No. 3070

Registrar's No. 1953

1. PLACE OF DEATH:

(a) County ST LOUIS

(b) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 414 YORKSHIRE PL.
(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 22 YRS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS

(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")

(d) Street No. 414 YORKSHIRE PL.
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME LOUISE ELIZABETH CONZELMAN

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased DECEMBER 9th 1860 (Month) (Day) (Year)

8. AGE: Years 82 | Months 8 | Days 18 | If less than one day — hr. — min.

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

10. Usual occupation TEACHER

11. Industry or business ST LOUIS PUBLIC SCHOOLS

FATHER
12. Name DR JOHN CONZELMAN, M.D.
13. Birthplace STUTGART (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name LOUISE GRAF
15. Birthplace BERNE (City, town, or county) SWITZERLAND (State or foreign country)

16. (a) Informant Virginia L. Green
(b) Address 414 Yorkshire Pl.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 30 1943 (Month) (Day) (Year)
(c) Place: burial or cremation BELLEFONTAINE CEM.

18. (a) Signature of funeral director Parker Funeral Co.
(b) Address WEBSTER GROVES MO.

19. (a) AUG 30 1943 (Date received by local registrar) (b) C. T. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27th year 1943 hour 10 30 a minute P.M.

21. I hereby certify that I attended the deceased from December 19th, 1941, to Aug 27, 1943 that I last saw him alive on Aug 27th, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral arteriosclerosis — Duration 2 yrs.
Chronic myocarditis

Due to

Due to

Other conditions: Senility
(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 D. W. Conzelman (M. D. or other)
Address 5043 Vernon Ave Date signed 7/28/43

(Licensed Embalmer's Statement on Reverse Side)

NOV 29 1944

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. C C Aldrich

Licensed Embalmer No. 1332

P. O. Address. Webster Groves

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.