

S. No. 2
M-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33246**
Registrar's No. **8877**

FILED OCT 19 1943

Registration District No. **018** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3312 Cherokee St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____ ? _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **XX**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3304 Miami St.**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Maggie Keller**
3. (b) If veteran, name war **XX** 3. (c) Social Security No. **XX**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **October** day **5th**
year **1943** hour **1:50** minute **P** M.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced, **Widowed**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **January 11 1868**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **May 26 1943** to **Oct 5 1943**
that I last saw her alive on **Oct 4 1943**
and that death occurred on the date and hour stated above.

8. AGE: Years **75** Months **8** Days **24** If less than one day hr. _____ min.

Immediate cause of death **Chronic Myocarditis**
Arteriosclerosis

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

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation **at home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Henry Zeller**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Glaser**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Charles Zeller**
(b) Address **3304 Miami St.**

17. (a) **Cremation** (b) Date thereof **10/8/43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Missouri Crematory**

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? _____

18. (a) Signature of funeral directors **J. L. Ziegenhein & Sons**
(b) Address **7027 Gravois Ave.**

23. Signature **Frank J. Stang** (M. D.)
Address **3924 S. Grand St.** Date signed **10/6/43**

19. (a) **OCT 8 1943** (b) **J. F. Bredech**
(Date received local registrar) (Registrar's signature)

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 C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Travis

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.