No. 2
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17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 27 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1185

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 552

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 2346 Montgomery 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 60 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12 20

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 2346 Montgomery (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Minnie Zeltmann

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife late Albert G. Zeltmann

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

7. Birth date of deceased March (Month) 12th. (Day) 1863 (Year)

8. AGE: Years 80 Months 10 Days 5 If less than one day hr. min.

9. Birthplace Washington (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation housework

11. Industry or business

FATHER
12. Name Mowwe 0
13. Birthplace (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) unknown (State or foreign country) 9

16. (a) Informant Mr. Albert G. Zeltmann

(b) Address 2346 Montgomery St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-44 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) (Date received local registrar) JAN 19 1944 (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month January day 17th year 1944 hour 11:40 PM minute M.

21. I hereby certify that I attended the deceased from Nov 1943, to Jan 17, 1944; that I last saw her alive on Jan 17, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 46

Major findings:
Of operations

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Ed Dewing 0 (M. D. or other) M.D.

Address 2342 St Louis Av Date signed 1/18/44

(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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 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.