

No. 2
-5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 18 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5917
State File No.
Registrar's No. 1318

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town ST. LOUIS
(c) Name of hospital or institution JOSEPHINE HEITKAMP HOSPITAL
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County 000
(c) City or town ST. LOUIS
(d) Street No. 2732 HICKORY ST.
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME VIOLA ZWEIFEL
3. (b) If veteran, name war NO
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 2 day 8
year 1944 hour 5 minute 15 P.M.
21. I hereby certify that I attended the deceased from Jan 30 1944 to Feb 8 1944
that I last saw him alive on Feb 8 1944
and that death occurred on the date and hour stated above.

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced, MARRIED
6. (b) Name of husband or wife JOSEPH ZWEIFEL
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased MAY 10 1894

Immediate cause of death
Cerebral degeneration
senile degeneration - aorta
Due to Atherosclerosis
Obesity
Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 49 Months 8 Days 29 If less than one day hr. min. 9

9. Birthplace
10. Usual occupation HELPER IN KITCHEN
11. Industry or business ST. MARYS HOME
12. Name HENRY GARIG
13. Birthplace ST. LOUIS MO
14. Maiden name LIZZIE HALDUESER
15. Birthplace GERMANY

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

16. (a) Informant Mrs. Joseph Zweifel
(b) Address 2732 Hickory St.
17. (a) BURIAL (b) Date thereof FEB-12-44
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director E. J. Schuur
(b) Address 3125 Lafayette Ave
19. (a) FEB 10 1944 (b) Registrar's signature J. F. Brede

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury
23. Signature (M. D. or other) Date signed 2-9-44

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.....

Joe B. Vollmer

Licensed Embalmer No. *14014*

P. O. Address *St. Louis, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. *3072*Registration District No. *318*Primary Registration District No. *1003*Registrar's No. *1218*

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:

(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)3. (a) PRINT
FULL NAME *Viola Zweifel*

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex *F* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *m*

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

7. Birth date of deceased *May 10 1899*
(Month) (Day) (Year)

8. AGE: Years *49* Months *8* Days _____ If less than one day _____ min.

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

10. Usual occupation

11. Industry or business

12. Name _____
 13. Birthplace (City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) *MAR 2 1946* (b) *J. F. Brubaker*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
 (c) City or town _____
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Feb* 8
 year *1946* hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration _____

Due to _____

Due to _____

Other conditions _____
(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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

MOTHER FATHER

7780

5917