

FILED MAY 15 1944

1003

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 4110

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:
3927 Russell Boulevard
(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 LOUISE S. ZUMSTEIN

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Daniel Zumstein 6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased 12 (Month) 7 (Day) 1860 (Year)

8. AGE: Years Months Days If less than one day
83 4 24 hr. min.

9. Birthplace Webster County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business.....

MOTHER FATHER

12. Name Milton Deibel
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Katherina Rabenau
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Deibel
(b) Address 3927 Russell Blvd.

17. (a) Burial (b) Date thereof 5-3-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Alexander Jans

(b) Address 6175 Delmar Blvd.

19. (a) MAY 3 1944 (b) J. F. Brunck
(Date of filing) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3927 Russell Blvd.
(If rural, give location)
(e) Citizen of foreign country?.....
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1944 hour 5.30 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 10
1944, to May 14 1944
that I last saw her alive on April 30 1944
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Apoplexy of cerebral hemisphere
Due to arteriosclerosis

Due to Senility

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

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

23. Signature Dr. W. J. ... (M. D. or other)
Address 227 S. ... Date signed 5-2-44

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

2001
2001
100

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 *Thomas R. Renwick*

Licensed Embalmer No. *3793*

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.