#27638

S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20449

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5273

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

In this community 0

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. 1444 CASS AVE (If rural, give location)

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

If yes, name country N

3. (a) PRINT FULL NAME FLORIAN ZELLEE

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MAGGIE ZALLEE

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

7. Birth date of deceased AUGUST (Month) 20 (Day) 1863 (Year)

8. AGE: Years 80 Months 9 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 PRINTER

11. Industry or business

FATHER 12. Name JOHN C ZALLEE

13. Birthplace REGA (City, town, or county) RUSSIA (State or foreign country)

MOTHER 14. Maiden name ROSE DELINA

15. Birthplace MONTREAL (City, town, or county) CANADA (State or foreign country)

16. (a) Informant ROBERT L. ZALLEE

(b) Address 1311 TEMPLE PLACE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 10 1944 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 1167 HAMILTON AVENUE.

19. (a) JUN 9 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th year 1944 hour 3 minute 10 P.M.

21. I hereby certify that I attended the deceased from June 4th, 1944, to June 8th, 1944, that I last saw him alive on June 8th, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, Lobar — 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M.D. or other)

Address 1515 Lafayette Date signed 6/8/44

(Licensed Embalmer's Statement on Reverse Side)

Embalmers Separate Cert filed JAN 9 1954

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.....

Licensed Embalmer No.....1.....

P. O. Address.....

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.