V. S. No. 2
00M—8-43
Rev. 5-17-39
P I X3782

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 25 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26716

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6990

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: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether years, months or days)
In this community 20 years

2. USUAL RESIDENCE OF DEECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2023 Adelaide Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EDWARD J. ZWILLING

3. (b) If veteran, name war None

3. (c) Social Security No. 494-09-0599

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Louise M.

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Dec. (Month) 12 (Day) 1887 (Year)

8. AGE: Years 56 Months 7 Days 26 If less than one day hr. min.

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

10. Usual occupation Janitor

11. Industry or business Mines Equiptment

FATHER
12. Name George Zwilling
13. Birthplace St. Louis County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Elizabeth Matthews
15. Birthplace St. Louis County, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Louise M. Zwilling
(b) Address 2023 Adelaide Avenue

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8/11/44 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 East Fair Avenue

19. (a) AUG 10 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 7 year 1944 hour 10 minute 45 pm M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of the Skull Subdural Hemorrhage of the Brain when he was struck by a

Duration

Due to Sunshine Laundry Truck being Driven by one

Due to Robert Emmett Farrell in front of 4324

Other conditions Vincent Lorenz ave

(Include pregnancy within 3 months of death) around 4:30 PM 8-5-44

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) Accident
(b) Date of occurrence 8-5-44
(c) Where did injury occur? St Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? (Specify) Means of injury

23. Signature Alfred Perry (M. D. or other)
Address Depot Crown Date signed 8/10/44

(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 William G. Buchholz

Licensed Embalmer No. 2110

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.