

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29982

State File No.

Registrar's No.

7989

FILED SEP 30 1944

1003

Registration District No. 318

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4556 Athlone
 (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 Fred J. Zibell

3. (b) If veteran, name war.....
 3. (c) Social Security No. 492-05-632

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mayme McKenzie 6. (c) Age of husband or wife if alive 49 years
 7. Birth date of deceased April 11, 1895
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 5 5 hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Tool and Dye Maker11. Industry or business Western Cartridge Co

MOTHER FATHER
 12. Name Fred Zibell
 13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
 14. Maiden name Mary Noonan
 15. Birthplace Omaha, Neb (City, town, or county) (State or foreign country) 1

16. (a) Informant Mayme Zibell
 (b) Address 4556 Athlone Ave

17. (a) Burial (b) Date thereof Sept. 19, 44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery
 18. (a) Signature of funeral director Bromschwig Und. Co.

(b) Address 4746 West Florissant

19. (a) SEP 18 1944 (b) J. Medede
 (Date received local registrar) (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. 4556 Athlone Ave.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 16
 year 1944 hour 7 minute 20 P. M.

21. I hereby certify that I attended the deceased from 5-15, 1944 to 9-16, 1944
 that I last saw him alive on 9-11-44, 19.....;
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma ascending colon Duration 4 mo
 Due to.....

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

Major findings: Inoperable Ca of ascending colon.
 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 E. H. Bruder (M. D. or other)
 Address 634 N. Grand Date signed 9-18-44

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.....

S. W. Wilkins

Licensed Embalmer No.....

3575

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.