V. S. No. 2
100M—8-43
Rev. 5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 20 1944 13

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32994

Registration District No. 1003 Primary Registration District No. Registrar's No. 8598

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: 2642 Russell Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 62 Years In St Louis

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. 2642 Russell Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EVA ZAUF
3. (b) If veteran, name war
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 Frank Zauf
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov 17 1864 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
79	10	22	hr. min.

9. Birthplace Bohemia (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business Housewife

MOTHER FATHER
12. Name Joseph Suttner
13. Birthplace Bohemia (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Bohemia (City, town, or county) (State or foreign country)

16. (a) Informant Jane Kuhs
(b) Address 2642 Russell Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 11/44 (Month) (Day) (Year)
(c) Place: burial or cremation Old S.S.Peter & Paul
18. (a) Signature of funeral director Thos Lutis & Son
(b) Address 2906 Gravois Ave.
19. (a) OCT 10 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9 year 1944 hour 8 00 A.M. minute M.
21. I hereby certify that I attended the deceased from May 10, 1940, to Oct 9, 1944, that I last saw her alive on Oct 9, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	1 day
Due to Auricular Fibrillation	1940
Chr. Myocarditis	1940
Due to Chr. Endocarditis mitral	1940
Chr. Nephritis Glomerular	1940
Other conditions Arteriosclerosis	5 days
(Include pregnancy within 3 months of death) Gangrene of foot.	

Major findings:
Of operations None
Of autopsy No none

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) None
(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 Joseph Gonnella (M. D. or other) Md
Address 6767 Gravois Date signed 10-9-44

(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 David Van Fossen

Licensed Embalmer No. 4242

P. O. Address 2906 Guarin

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.