

FILED DEC 15 1944 18

1003

Registration District No. _____ Primary Registration District No. _____

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: 4503 Morganford
(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 Hilda E. Zeman

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 married

6. (b) Name of husband or wife Frank Zeman 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Sept. 15, 1901
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>2</u>	<u>13</u>	hr. _____ min. _____

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

10. Usual occupation Shoemaker

11. Industry or business _____

MOTHER FATHER

12. Name Schwier

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

14. Maiden name Gronemeyer

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

16. (a) Informant Frank Zeman

(b) Address 4503 Morganford

17. (a) Burial (b) Date thereof 12-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cem.

18. (a) Signature of funeral director J. S. Ziegenhain & Sons

(b) Address 7027 Bioguin Ave.

19. (a) DEC 1 1944 (b) J. F. Brudeck
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4503 Morganford
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28th
year 1944 hour 4 minute 50 P. M.

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

Immediate cause of death Strangulation due to hanging when deceased was found hanging by a rope from the floor in the room at his home on Nov 28, 1944 about 4:50 P.M.

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

Major findings: Of operations 16H

Of autopsy _____

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence Nov 28, 1944

(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? home

While at work? _____ (Specify type of place) (e) Means of injury as above

23. Signature Walter J. ... (M.D. or other) _____
Address ... Date signed 11/29/44

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

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..... *C. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *7027 Gravois*

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.