

FILED JAN 5 1945
318

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. **11028**

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:
St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 month**
(Specify whether years, months or days) _____

3. (a) PRINT FULL NAME **Fred Zbinden**

3. (b) If veteran, name was **None** 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced. **Married**

6. (b) Name of husband or wife **Verena W. Bross Zbinden** 6. (c) Age of husband or wife if alive **55** years

7. Birth date of deceased **November 9, 1881**
(Month) (Day) (Year)

8. AGE: Years **63** Months **1** Days **14** If less than one day _____ hr. _____ min.

9. Birthplace **Unknown Mo. (U)**
(City, town, or county) (State or foreign country)

10. Usual occupation **Maintenance Man**

11. Industry or business **M.K.T. R.R.**

12. Name **Unknown**

13. Birthplace **Unknown Mo. (U)**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown Mo. (U)**
(City, town, or county) (State or foreign country)

16. (a) Informant **Verena Zbinden**

(b) Address **Northwestern Hotel**

17. (a) **Burial** (b) Date thereof **12/27/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old S.S. Peter & Paul Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son**

(b) Address **2161 East Fair Ave**

19. (a) **DEC 29 1944** (b) **J. F. Bredede**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Mad**
(c) City or town **St. Louis** **177**
(If outside city or town limits, write "RURAL")
(d) Street No. **Northwestern Hotel**
4919 Natural Bridge Ave (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **23,**
year **1944** hour **9:30 PM.** minute _____ M.

21. I hereby certify that I attended the deceased from **Nov. 26**, 19**44**, to **Dec 23**, 19**44**;
that I last saw him alive on **Dec 23**, 19**44**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer rectum** **6 mo**
Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **H/B**

Major findings: Of operations _____

Of autopsy _____

Duration

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? **Cemetery**

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

23. Signature **W. P. Higger** (M. D. or other) **M.D.**
Address **402 Water Blvd** Date signed **12-26-44**

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

OCT 1 1945

JAN 6 1945

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.....

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.