. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 27 1948

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39953

Registrar's No. 10677

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: Barnes Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether

In this community years, months or days) Joy Tolleson Zuendt.

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County

(c) City or town El Paso
(If outside city or town limits, write "RURAL")

(d) Street No. 1319 Rim Road. (If rural, give location) NR

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

If yes, name country

99
41
0

3. (a) PRINT FULL NAME JOY TOLLESON ZUENDT

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William M. Zuendt,

6. (c) Age of husband or wife if alive 35. years

7. Birth date of deceased December 29 1909
(Month) (Day) (Year)

8. AGE: Years 34. Months 11. Days 14. If less than one day hr. min.

9. Birthplace Hedrick, Oklahoma
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business

FATHER
12. Name William N Tolleson.
13. Birthplace Kirby, Arkansas
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nellie Thompson.
15. Birthplace Amity, Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Wm M. Zuendt.
(b) Address 1319 Rim Road. El Paso Tex.

17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof 12/15/44 (Month) (Day) (Year)
(c) Place: burial or cremation Dallas, Texas.

18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.

19. (a) DEC 14 1944 (Date received local registrar) (b) J. F. Budick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13 year 1944 hour 9 minute 50 A.M.

21. I hereby certify that I attended the deceased from Dec. 8, 1944, to Dec. 13, 1944; that I last saw her alive on Dec. 13, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis, far advanced, with bronchial stenosis.

~~Due to~~

~~Due to~~

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none performed

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature F. R. Bradley (M. D. ~~or other~~)

Address Barnes Hospital Date signed 12/13/44

(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 Clarence H. Murra

Licensed Embalmer No. 4011.

P. O. Address St. Louis, M

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.