

7. S. No. 2
DOM-5-43
ev. 5-17-39
I X36671

FILED JAN 29 1945
Registration District No. 317

Primary Registration District No. 3069

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

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town Richmond Heights.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Marys Hospital
(If not in hospital or institution, write street number or location) 0

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

In this community _____
years, months or days

3. (a) PRINT FULL NAME Louis Zanley.

3. (b) If veteran, name war None

3. (c) Social Security No. 329-10-9898

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

6. (b) Name of husband or wife Ida Mae Martzluft Zanley 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Sept. 20 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60 3 10 hr. min.

9. Birthplace Charleston, So. Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation Chief Guard.

11. Industry or business Monsanto Chemical Co.

12. Name John Zanley.

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Alice

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

16. (a) Informant Mrs. Ida Zanley.

(b) Address 7487 Gannon, Ave.

17. (a) Burial (b) Date thereof Jan. 2, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director J. R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.

19. (a) JAN 2 1945 (b) E. S. McFerran
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town University City
(If outside city or town limits, write "RURAL") 3

(d) Street No. 7487 Gannon Ave.
(If rural, give location) 5

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30th
year 1944 hour 1:00 minute 0. M.

21. I hereby certify that I attended the deceased from 12/28/44
_____ 19____ to 12/30/44 19____

that I last saw him alive on 12/30/44 _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to fatal hemorrhage from gastric ulcer 10 yrs.

Due to _____

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

Major findings: 117A1

Of operations _____

Of autopsy pyloric ulcer - hypostatic pneumonia

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 0

Signature James P. Anderson (M. D. or other) md

Address 4660 Maryland Date signed 12/30/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. F. C. Birdsall.

4660 Maryland

HO- 0467

10 to 1 P.M.

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. Murray*.....

Licensed Embalmer No. *4011*.....

P.O. Address..... *St Louis Mo*.....

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.