

11080
 State File No. _____
 Registrar's No. **3135**

FILED APR 23 1945
 Registration District No. **318**

Primary Registration District No. **1003**

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

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:
1008 Hickory St
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9 22
 (d) Street No. 1008 Hickory St
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JOSEPHINE ZEISSET
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex Female **5. Color or race** White **6. (a) Single, widowed, married,** Married
6. (b) Name of husband or wife JOHN ZEISSET **6. (c) Age of husband or wife if** 50
7. Birth date of deceased March 19, 1908
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>36</u> | <u>0</u> | <u>19</u> | hr. _____ min. _____ |

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

10. Usual occupation At Home
Housewife.

11. Industry or business _____

12. Name Joseph Sarkis

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

14. Maiden name Anna Massud

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

16. (a) Informant John Zeisset
(b) Address 1008 Hickory St

17. (a) Burial Burial **(b) Date thereof** 4/10/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old S.S. Peter & Paul
Brooklites & Son
(d) Signature of funeral director _____
(b) Address 2906 Gravois Ave.

19. (a) (Date received local registrar) APR 9 1945 **(b) (Registrar's signature)** J. F. Bredick

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 7th day
 year 1945 hour 4 00 A.M. M.

21. I hereby certify that I attended the deceased from July 1937 to Apr 7 1945
 that I last saw him alive on Apr 7 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death ac. Cardiac
Dilatation
Aortic Regurgitation 8 years
Hypertension
Hypertension

Duration 1 hr.

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 92

Major findings:
 Of operations _____
 Of autopsy _____

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?

While at work? home (Specify type of place)
 (a) Means of injury Q
23. Signature J. B. Ziegler (M. D. or other)
 Address 918 W. Theatral Date signed _____

used 4-8-45

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.....

Aaird Van Fossen

Licensed Embalmer No.....

4342

P. O. Address.....

2906 Leavis

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.