

U.S. No. 2
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318

State File No.

Registration District No. Primary Registration District No. 1003

Registrar's No. 4689

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: **City Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 Day**
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....
 (c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3154 Winnebago St.**
(If rural, give location)
 (e) Citizen of foreign country?
(Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Elly Zausra**

3. (b) If veteran, name war.....
 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 **Gustav**
 6. (c) Age of husband or wife if alive **64** years
 7. Birth date of deceased **April 16 1889**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 1 9 hr. min.

9. Birthplace **Germany**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Housewife**

11. Industry or business **Herman Leopold**

MOTHER FATHER
 12. Name.....
 13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Gustav Zausra**
 (b) Address **3154 Winnebago Street**

17. (a) **Burial** (b) Date thereof **May 28, 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Park Lawn Cemetery**

18. (a) Signature of funeral director **Walter Alder**
 (b) Address **3634 Gravois Ave.**

19. (a) **MAY 28 1945** (Date received local registrar)
J. F. Brues (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **25**
 year **1945** hour **2** minute **55 P.M.**

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

Immediate cause of death.....
Broncho pneumonia
Chronic Tuberculosis

Due to.....
 Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)
74

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?
(Specify type of place)
 While at work..... (e) Means of injury.....
 Signature **Walter Alder** (M. D. or other).....
 Address..... Date signed **5/28/45**

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

20
17
9

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 Frank J. Adams
Licensed Embalmer No. 2675
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.