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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26310

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7702

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: 2008a No. 9th Str. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 2 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 N.R.

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2405 Switzer Ave. 7
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Pineleaf Elizabeth Zumsteg

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Feamle /

5. Color or race White

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

6. (b) Name of husband or wife Anthony Zumsteg

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

7. Birth date of deceased Sept. 25. 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	11	6	hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name George Manning
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Spencer
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lela Zeilman
(b) Address 2405 Switzer Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/4/45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director W. A. Stock
(b) Address 2117 E. Grand Blvd.

19. (a) SEP 3 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1
year 1945 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from Aug 15, 1945, to Sept 1, 1945
that I last saw her alive on Aug 31, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr. Nephritis	3
Due to	
Due to 131	
Other conditions Chr. Myocarditis (Include pregnancy within 3 months of death)	years
Chr. Arthritis	years

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? 6 (e) Means of injury 0

23. Signature [signature] (M. D. or other)
Address 2704 W. Florence Date signed Sept 1-45

(Licensed Embalmer's Statement on Reverse Side)

Dr. E. M. Schmidt
6704 W. Florissant

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 A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.