U. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 25 1945

State File No. 32540

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 8925

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: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2mo-11 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 916 Geyer Av.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME PAUL OWEN ~~ZILLIKEN~~ Zelliken

3. (b) If veteran, name war

3. (c) Social Security No. 499-03-0475

4. Sex MALE

5. Color or race WHITE

6. (a) Single, ~~widowed, married, divorced~~ SINGLE

6. (b) Name of husband or wife

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

7. Birth date of deceased AUG. 30 1901 (Month) (Day) (Year)

8. AGE: Years 44 | Months 1 | Days 14 | If less than one day hr. min.

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

10. Usual occupation Electric Appl.

11. Industry or business

FATHER
12. Name PAUL N. ZELLIKEN
13. Birthplace KENTUCKY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name KATHERINE PALMER
15. Birthplace IOWA (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. K. Palmer Zelliken
(b) Address 916 Geyer Av

17. (a) ~~Burial~~, Removal (Burial, cremation, or removal) (b) Date thereof Oct 17-45 (Month) (Day) (Year)
(c) Place: burial or cremation Greenmount Cem. Belleville Ill

18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette Av.

19. (a) OCT 16 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14th year 1945 hour 10:20 minute P M.

21. I hereby certify that I attended the deceased from 8/3/45, 19..., to 10/16/45, 19...; that I last saw him alive on 10/16/45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Sclerosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 Herbert C. Fritz (M. D. or other)

Address 1515 Lafayette Date signed 10/16/45

(Licensed Embalmer's Statement on Reverse Side)

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

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 Jos. B. Vollmer

Licensed Embalmer No. 4014

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.