S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 19 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36049

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9255

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: De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks. (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. 2515 Hodiamont Avenue.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ellen Zedler.

3. (b) If veteran, name war None

3. (c) Social Security No. 493-10-3567

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Henry Zedler.

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

7. Birth date of deceased 11 (Month) 17 (Day) 1875 (Year)

8. AGE: Years 69 Months 11 Days 21 If less than one day hr. min.

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

10. Usual occupation Waitress

11. Industry or business

FATHER
12. Name Dont know.
13. Birthplace Dont know. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dont know.
15. Birthplace Dont know. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henrietta Nielsen.
(b) Address 2515 Hodiamont Avenue.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-12-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.

19. (a) NOV 10 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8th. year 1945 hour 5 minute 45P.M.

21. I hereby certify that I attended the deceased from Oct 12, 1945 to Nov 8, 1945 that I last saw her alive on Nov 8, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Degenerative Myocarditis — Duration Ch.

Due to Pneumonia (Virus) — Acute

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

93

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 Eugene J. Porter (M. D. or other) MD
Address 4968 Delmar Date signed 11/9/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. E.J.Kohler.
4968a Delmar Boulevard.
Hours 1 to 2.30 P.M.
Forest 4350

JAN 25 1948

JAN 21 1947

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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.