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v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36050

FILED NOV 28 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9978

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:
5419 S. Broadway
(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)

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. 5419 S. Broadway
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Henry Zeiss

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Anna Zeiss

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased June 2 1858
(Month) (Day) (Year)

8. AGE: Years 87 Months 5 Days 16 If less than one day hr. min.

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

10. Usual occupation Retired Rock Contractor

11. Industry or business

FATHER
12. Name Henry Zeiss
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Sophie Bemsfeld
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Anna Zeiss
(b) Address 5419 S. Broadway

17. (a) Crematory (Burial, cremation, or removal) (b) Date thereof 11-21-45 (Month) (Day) (Year)
(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director Witt Bros. & Nelo
(b) Address 2929 S. Jefferson Av.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18 year 1945 hour 5:20 minute P M.

21. I hereby certify that I attended the deceased from March 1933 to Nov 18 1945 that I last saw him alive on Nov 18 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	1 day
Due to Chr Myocarditis	5 yrs
Due to Arteriosclerosis & Senility	?
Other conditions (Include pregnancy within 3 months of death)	

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 Max Starkloff (M. D. or other) MD

Address 512 Dorwell Date signed 11/18/45

(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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 2929 So Jefferson

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.