

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 30

FILED JAN 21 1946

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2117a Utah St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

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. 2117a Utah St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) U
If yes, name country _____

3. (a) PRINT FULL NAME Louisa C. Zentner.
3. (b) If veteran, name war _____ 3. (c) Social Security No. 491-12-9415

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 2
year 1946 hour 2 minute 40 A.M.
21. I hereby certify that I attended the deceased from November 1st 1945 to January 2nd 1946
that I last saw her alive on Jan. 1st 1946 and that death occurred on the date and hour stated above.

4. Sex Female 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 June 7 1866
(Month) (Day) (Year)

Immediate cause of death
Mitral Regurgitation Heart 10 yrs.
Due to Chronic Myocarditis 10 yrs.
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
92

8. AGE:	Years	Months	Days	If less than one day
<u>79</u>	<u>80</u>	<u>6</u>	<u>25</u>	hr. _____ min. _____

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

9. Birthplace Germany U
(City, town, or county) (State or foreign country)
10. Usual occupation Laundry-hand

MOTHER FATHER
11. Industry or business _____
12. Name Christian Zentner.
13. Birthplace Germany U
(City, town, or county) (State or foreign country)
14. Maiden name Anna Schmitgens.
(City, town, or county) (State or foreign country)
15. Birthplace Germany U
(City, town, or county) (State or foreign country)

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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Albert Beisbach (M. D. or other) MD
Address 3606 Gravois Date signed 1/2-46

16. (a) Informant Bernard A. Kramer.
(b) Address 2117 Utah St.
17. (a) Burial (b) Date thereof Jan. 5, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Peter & Paul
18. (a) Signature of funeral director John H. Schmitgens
(b) Address 2630 Gravois Ave.
19. (a) JAN 3 1946 (b) J. F. Bradock
(Date received local registrar) (Registrar's signature)

3314 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 Robert J. Gibben

Licensed Embalmer No. 4144

P. O. Address 2630 Groves

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.