

No. 2
5-43
5-17-39
X34671

FILED MAR 31 1946
Registration District No. 318

Primary Registration District No. 1003

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

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:
4008 Lexington Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community..... Life (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME William A. Zemblidge
 3. (b) If veteran, name war..... No
 3. (c) Social Security No. 490-12-1503

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Frieda Zemblidge
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased September 6, 1873
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	5	19	hr. min.

9. Birthplace St. Louis, Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Retired - Meat Cutter

11. Industry or business.....
 12. Name George Zemblidge
 13. Birthplace Louisville, Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Barbara Kroenlein
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Florence V. Dykes
 (b) Address 4008 Lexington Ave.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 28, 1946.
 (Month) (Day) (Year)
 (c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home
 (b) Address 4228 Natural Bridge Blvd.
 19. (a) FEB 28 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4008 Lexington Ave.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25th
 year 1946 hour 11:00 minute A. M.

21. I hereby certify that I attended the deceased from Oct 1 1944 to Feb 25 1946
 that I last saw him alive on Feb 24 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Conjunctive Heart Failure</u>	<u>XX</u>
<u>Arteriosclerosis</u>	<u>XI</u>
Due to <u>Chronic Coronary Disease</u>	<u>XX</u>
<u>Hypertension</u>	<u>XX</u>
Due to <u>Chronic V. R. Syndrome</u>	<u>XXX</u>
Other conditions (include pregnancy within 3 months of death)	

Major findings: 1/21
 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?
 While at work?..... (Specify type of place)
 (e) Means of injury.....
 23. Signature J. F. Bredeck (M. D. or other) MD
 Address 333 Washington St. Date signed 3/25/46

3833 Woodbury Co
10-1 PMJ

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 John A. Melnar
Licensed Embalmer No. 4186
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.