

FILED OCT 28 1946

Registration District No. 317

Primary Registration District No. 3063

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7915 Davis Pl.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 7915 Davis Pl.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emil Zeppenfeld

3. (b) If veteran, name war _____

3. (c) Social Security No. 493-01-7301

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Magdalen 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 15 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 0 Days 65 If less than one day hr. _____ min. _____

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

10. Usual occupation Real Estate

11. Industry or business _____

MOTHER FATHER

12. Name Wm. Zeppenfeld

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Magdalen Zeppenfeld

(b) Address 7915 Davis Pl.

17. (a) Burial (b) Date thereof 10-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John Cemetery

18. (a) Signature of funeral director John L. Ziegenhein & Sons

(b) Address 7027 Gravois Ave.

19. (a) 10-25-46 (b) Ruth Zeppenfeld
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20
year 1946 hour 11 minute 55 P. M.

21. I hereby certify that I attended the deceased from Oct 20 1946 to Oct 30 1946
that I last saw him alive on Oct 30 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Gastritis Duration Sudden

Due to Chronic Gastritis for a number of years

Due to 118

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy none

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? () Means of injury _____

23. Signature Harry H. Meyer (M. D. or other) _____
Address 4903 Delmar Date signed 10/24

WRITE PLAINLY—USE UNFADING BEAUFINK—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 W.G. Peterson

Licensed Embalmer No. 3767

P. O. Address. Overland 14 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.