No. 2
12-45
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1946

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

339265

State File No.

Registrar's No. 10264

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 65 YEARS
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. 2811 WYOMING ST.
Memorial (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME WILLIAM ZAMZOW

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased MAY 1st 1879
(Month) (Day) (Year)

8. AGE: Years 67 Months 6 Days 29 If less than one day hr. min.

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

10. Usual occupation DAY LABORER

11. Industry or business

FATHER
12. Name AUGUST ZAMZOW
13. Birthplace GEMANY
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name WILHELIMA HOHNE
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant FRIEDA WIEGERT
(b) Address 2811 WYOMING

17. (a) BURIAL (b) Date thereof DEC 2=46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation NEW ST. MARCUS

18. (a) Signature of funeral director Thos. Kutis & Son
(b) Address 2906 Gravois Ave.

19. (a) DEC 2 1946 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30th
year 1946 hour 1:30 minute A M.

21. I hereby certify that I attended the deceased from 9/26/46
, 19 , to Nov. 30th , 1946
that I last saw him alive on Nov. 30th , 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
① Pneumonia, Bronchial	1 wk
② Uremia	2 wk.
Due to ③ Acute + chronic pyelonephritis Non-calculous	yrs
Due to Arteriosclerosis, advanced, generalized	yrs

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

133

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 Joseph E. Pagan M.D. 1515 Lafayette 11/30/46
(M. D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Leo. Budde

Licensed Embalmer No. ~~3984~~ 398

P. O. Address St Louis mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.