

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 3 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 830

Registration District No. _____ 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:
2746 Meramec 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:
Missouri
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2746 Meramec St. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Amelia Zeller
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Magnus C.
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased August 30 1871
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 23
If less than one day hr. min.

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

10. Usual occupation house work

11. Industry or business _____

12. Name Francis Frank
13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Josephine Pieper
15. Birthplace St. Louis Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Magnus C. Zeller

(b) Address 2746 Meramec St.

17. (a) Burial (b) Date thereof 1/27/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Peter & Paul Cemetery

18. (a) Signature of funeral director John H. Hecken Sons
(b) Address 2630 Gravois Ave.

19. (a) JAN 24 1947 (b) J. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23th
year 1947 hour 11 minute A M.
21. I hereby certify that I attended the deceased from 9-1-45
to 1-23 1947
that I last saw her alive on Jan 16 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Failure acute
Due to Chronic myocarditis with
decompensation & edema 3-4 yr

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

Major findings: Of operations _____
Of autopsy no
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) no

(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? _____

(e) While at work? _____ (Specify type of place) (f) Means of injury _____

23. Signature J. H. Hecken Sons (M. D. or health officer)
Address 800 Gravois (23) Date signed 1/24/49

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

