

S. No. 2
OM-2-43
v. 5-17-39
I X35897

7176

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2361
Registrar's No. _____

RECORDED MAR 19 1947
318

1003

Registration District No. _____

Primary Registration District No. _____

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:
4461 OLIVE STR.
(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. 4461 OLIVE STR.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FREDERICK W. ZELLER

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 MARRIED

6. (b) Name of husband or wife IDA KNOTTHERUS 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased JAN. 23 1863
(Month) (Day) (Year)

8. AGE: Years 85 Months 1 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation CONFECTIONERY (RETIRED)

11. Industry or business _____

12. Name FRED ZELLER

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

14. Maiden name UNKNOWN

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

16. (a) Informant George C. Zeller
(b) Address 738 Belt Ave.

17. (a) BURIAL (b) Date thereof 3/8/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PK. CEP

18. (a) Signature of funeral director L. Mulley and Co
(b) Address 516 S. Delmar St
19. (a) MAR 7 1947 (b) J. J. Breddeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MCH day 5
year 1947 hour 2 minute 20 P.M.

21. I hereby certify that I attended the deceased from Jan 3, 1947, to March 5, 1947
that I last saw him alive on March 5, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Cerebral Hemorrhage 3 days

Due to Chronic Interstitial Nephritis 2 yrs

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

Major findings: Of operations _____
Of autopsy _____

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

23. Signature D. A. Pearson (M. D. or other) _____
Address 312 S. Grand St. Date signed 3-6-47

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.....

H. G. Farris

Licensed Embalmer No. *3384*

P. O. Address. *St. Louis*

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.