V. S. No. 2
00M—8-43
ev. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7184

Registration District No. 318 Primary Registration District No. 1009 Registrar's No. 2080

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

MAR 5 '47

375

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 4421 Laclede Ave
(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 Oso

(c) City or town St. Louis 1917
(If outside city or town limits, write "RURAL")

(d) Street No. 4421 Laclede Ave 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Frank Zwinggi

3. (b) If veteran, name war none

3. (c) Social Security No. 489-07-2429

4. Sex male

5. Color or race W.

6. (a) Single, widowed, married, divorced Wid. 2

6. (b) Name of husband or wife

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

7. Birth date of deceased November 20, 1883
(Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days 7 If less than one day hr. min.

9. Birthplace (City, town, or county) Switzerland 5 (State or foreign country)

10. Usual occupation Porter

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Switzerland 5 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Switzerland 5 (State or foreign country)

16. (a) Informant G S Rosborough
(b) Address 4225 Forest Park Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/1/47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter & Paul (NEW)

18. (a) Signature of funeral director Mayer
(b) Address 4356 Bindell Blvd

19. (a) FEB 28 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febr day 27a
year 1947 hour 7 minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Coronary Sclerosis

Due to

Other conditions 94a
(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)

(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 2

23. Signature Palmer C E Doyle (M. D. or other)

Address Doyle Date signed 2/28/47

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.