No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 7 1947 #68080 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22804

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 3216

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: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 47 years

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. 718 Hadek
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

000
17
9
0
18

3. (a) PRINT FULL NAME HENRIETTA ZELL
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edw. Zell
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Mar (Month) 5 (Day) 1870 (Year)

8. AGE: Years 77 Months 3 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace See 1 (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business .....
MOTHER FATHER
12. Name William Eyerkuss
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Helen Meyer
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Alex Eyerkuss
(b) Address 718 Hadek Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-47 (Month) (Day) (Year)
(c) Place: burial or cremation Fredericks Cem
18. (a) Signature of funeral director Fred Geduse
(b) Address 2223 St. Louis
19. (a) JUL 2 0 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 30th year 1947 hour 4:45 minute A M.
21. I hereby certify that I attended the deceased from 6/23/47, 19..., to June 30th, 19 47 that I last saw her alive on June 30th, 19 47 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Uremia
Pneumonia (Bronchopneumonia) TERMINAL
Due to Chronic Pyelonephritis
Due to non-calculous
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations BSP
Of autopsy

PHYSICIAN
Underline the cause of 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 0
23. Signature Edward M. Pashin (M. D. or other)
Address 1515 Lafayette Date signed 6/30/47

Jefferson City Printing Co.

(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 John C. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 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.