

No. 2
-5-43
-17-39
X36871

FILED MAR 11 1948

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No.

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town **SAINT LOUIS**
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution
4471 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 **Missouri** (b) County.....
(c) City or town **Saint Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4471 Laclede Ave**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **ZESCH - JOHN F.**

3. (b) If veteran, name war..... 3. (c) Social Security No. **#90-20-9856**

20. DATE OF DEATH: Month **Feb** day **28**
year **48** 5 hour **00** minute **P.** M.

21. I hereby certify that I attended the deceased from **Jan 10** 19**48** to **Feb 28** 19**48**.
that I last saw him alive on **Feb 27** 19**48** and that death occurred on the date and hour stated above.

Immediate cause of death..... **Chronic myocarditis** Duration.....

Due to..... **Pulmonary emphysema**
Due to.....

Other conditions..... **Carcinoma (right jaw)**
(Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy.....
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?.....

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

23. Signature **J. F. Bergman** (M. D. or other) **M.D.**
Address **3720 Washington** Date signed **3/1/48**

4. Sex **Male** 5. Color **White** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband's wife **Hazel Shestman Zesch** 6. (c) Age of husband or wife if alive **51** years
7. Birth date of deceased **Aug 16 1883**
(Month) (Day) (Year)

8. AGE: Years **64** Months **6** Days **12** If less than one day hr. min.

9. Birthplace **Starden Ill**
(City, town, or county) (State or foreign country)

10. Usual occupation **Wood Pattern Maker**

11. Industry or business **Ace Pattern Co.**

12. Name **unknown** 9

13. Birthplace **unknown** 9
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace **unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Hazel Shestman Zesch**
(b) Address **4471 Laclede**

17. (a) **Burial** (b) Date thereof **Mar 2 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Pl**

18. (a) Signature of funeral director **Smith Center Mortuary**

(b) Address **4021 Lyndell Blvd**

19. (a) **MAR 2 - 1948** (Date received local registrar) **J. F. Bergman** (Registrar's signature)

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.....

J. Allen Riney Jr.
.....
Licensed Embalmer No. *40573*
.....
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.