

FILED MAR 23 1948

Registration District No. **318**

Primary Registration District No. **1003**

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..... **St. Luke's Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME **Charles Adam ZEITZ**  
3. (b) If veteran, name war..... **No**  
3. (c) Social Security No. **346-03-6131**

4. Sex **Male**  
5. Color or race **White**  
6. (a) Single, widowed, married, divorced..... **Married**  
6. (b) Name of husband or wife..... **Emilee Gonska Zeitz**  
6. (c) Age of husband or wife if alive..... **38** years  
7. Birth date of deceased..... **March 10 1895**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>53</b>	<b>0</b>	<b>3</b>	<b>3 hr. 00 min.</b>

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

10. Usual occupation..... **Field representative**

11. Industry or business..... **National Distillers**

12. Name..... **Charles Zitz**

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

14. Maiden name..... **Catherine ?**

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

16. (a) Informant..... **Mrs. Charles A. Zeitz**

(b) Address..... **Rte # 5, N. Geyer Rd., Kirkwood, Mo.**

17. (a) **burial**  
(Burial, cremation, or removal)  
(b) Date thereof..... **3/16/48**  
(Month) (Day) (Year)

(c) Place: burial or cremation..... **St. Peters Cemetery**

18. (a) Signature of funeral director..... **Robert J. Ambruster**

(b) Address..... **6633 Clayton Rd., St. Louis 17, Mo.**

19. (a) **MAR 15 1948**  
(Date received local registrar)  
(b) **J. J. Braddock**  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **St. Louis**  
(c) City or town..... **Kirkwood**  
(If outside city or town limits, write "RURAL")  
(d) Street No..... **Route # 5, North Geyer Road**  
(If rural, give location)  
(e) Citizen of foreign country?..... **No** (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **March** day..... **13**  
year..... **1948** hour..... **3** minute..... **A** M.

21. I hereby certify that I attended the deceased from..... **2/28/48**  
..... 19..... to..... **3/13/48**..... 19.....  
that I last saw him alive on..... **3/12/48**..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Carcinoma of pancreas**  
Duration..... **6 mos**

Due to..... **metastasis to metastatic mesenteric nodes, liver**

Due to.....  
Other conditions..... **arteriosclerosis**  
(Include pregnancy within 6 months of death) **general**

Major findings:  
Of operations.....

Of autopsy..... **same as above**

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.....  
23. Signature..... **W. H. Videman** (M. D. or other) **M. D.**  
Address..... **508 111 Grand** Date signed..... **3-13-48**

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

MOTHER FATHER

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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

*Arnold W. Schoene*

Licensed Embalmer No.

*3864*

P. O. Address

*St. Louis, Mo*

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.