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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 23 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14831

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3371

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

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: 2112 Adelaide Avenue,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 24 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2112 Adelaide Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELIZABETH ZUSCHROTT

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, divorced Widowed

6. (b) Name of husband or wife Frank J. Zuschrott

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

7. Birth date of deceased June 2, 1880
(Month) (Day) (Year)

8. AGE: Years 67 Months 10 Days 4 If less than one day hr. min.

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

10. Usual occupation At home,

11. Industry or business -----

FATHER
12. Name Frank Kuhlmann
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Therese Stueher
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Miss Anne Zuschrott
(b) Address 2112 Adelaide Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director W. O. Stock
(b) Address 2117 E. Grand Avenue

19. (a) APR 7 (Date received local registrar) (b) 1948 J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th year 1948 hour 2 minute 55 A M.

21. I hereby certify that I attended the deceased from Oct 1, 1945, 19..., to Apr 4, 1948, 19...; that I last saw her alive on Apr 6, 1948, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration

Due to hypertension — years

Due to

Other conditions (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 Russell Glaser (M. D. or other) DO.
Address 4072 W. Florissant Date signed 4/7/48

(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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.