FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 23 1948
Registration District No. 347

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076 3063

State File No. 34932
Registrar's No. 2262

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 135 N. Price road 3 (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 St. Louis 17 (If outside city or town limits, write "RURAL")
(d) Street No. 4521 Holly avenue 7 (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME George L. Zollmann
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male D
5. Color or race white
6. (a) Single, widowed, married, divorced D single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased January (Month) 20 (Day) 1887 (Year)

8. AGE: Years	Months	Days	If less than one day
61	8	7	..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country) U
10. Usual occupation retired
11. Industry or business Fruit & Produce
FATHER
12. Name George H. Zollmann
13. Birthplace unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Catherine Dausch
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) U
16. (a) Informant Mrs Katherine Cowan
(b) Address 135 N. Price Road
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sept-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery
18. (a) Signature of funeral director A. Krow L&U Co.
(b) Address 2707 N. Grand Blv'd
19. (a) 9/29/48 (Date received local registrar) (b) Cecil A. Z. Sharp, MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day ~~27~~ 27 year 1948 hour 9 minute 45 A. M.
21. I hereby certify that I attended the deceased from January 27, 1948 to Sept 27, 1948 that I last saw him alive on September 25, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Infarction	1 day
Due to Arterio-sclerotic Coronary Thrombosis	9
Due to 9 4 a	months
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
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 U
23. Signature A. P. Munsch (M. D. ~~or other~~)
Address 306 Humboldt Bldg Date signed Sept 28 1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

OCT 11 1949

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 Harry W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.