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FEDERAL BUREAU OF VITAL STATISTICS
National Office of Vital Statistics
FILED DEC 2 1948
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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 38847
Registrar's No. 10111

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community 55 years

3. (a) PRINT FULL NAME Charles A. Zollmann

3. (b) If veteran, name war none

3. (c) Social Security No. _____

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Lydia Zollmann

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased January 3rd, 1893
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>55</u>	<u>10</u>	<u>18</u>	hr. _____ min. _____

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

10. Usual occupation Shoe Cutter

11. Industry or business Braner Bros.

12. Name Charles A. Zollmann

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Linhardt

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lydia Zollmann

(b) Address 3816 Sullivan Ave.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 11-24-48
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) NOV 22 1948
(Date received local registrar)

(b) J. B. Laster
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3816 Sullivan Ave.
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(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21st
year 1948 hour 10:30 PM minute _____ M. _____

21. I hereby certify that I attended the deceased from 20 July 1948
_____, 19____, to 21 Nov., 1948

that I last saw him alive on 21 Nov., 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral arterial thrombosis

Due to with arteriosclerosis

Due to Hypertension

Other conditions 80
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations: _____

--Of autopsy: _____

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 M. D. Newsham
3637 N. Newsham
(M. D. or other) Date signed 20 Nov 48

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

MOTHER FATHER

JAN 5 1949

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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 John P. Buchholz
Licensed Embalmer No. 1674
P. O. Address 2223 St. Louis A

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.