

FILED APR 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10871
2659

1003

State File No.
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		State File No.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 69 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 5015 Davison Ave.					
d. FULL NAME OF HOSPITAL OR INSTITUTION 5015 Davison Ave.				d. STREET ADDRESS (If rural, give location) 5015 Davison Ave.							
3. NAME OF DECEASED (Type or Print) LOUISE			a. (First)		b. (Middle)		c. (Last) ZASTROW				
4. DATE OF DEATH March 22, 1949			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 26, 1879		9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
5. SEX Female			6. COLOR OR RACE White		11. BIRTHPLACE (State or foreign country) St. Louis Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At-Home				10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME John M. Wehmuller			13b. MOTHER'S MAIDEN NAME Louise Krenning			14. NAME OF HUSBAND OR WIFE Julius Zastrow					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Edward Oppeland, 5015 Davison Ave.				ADDRESS _____		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 1 year	
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the breast							
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 2							
				DUE TO (c) _____							
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 170X							
19a. DATE OF OPERATION 3/22/49		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP). St. Louis		(COUNTY) no		(STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? none							
22. I hereby certify that I attended the deceased from 1/2/49 , 19____, to 3/22/49 , 19____, that I last saw the deceased alive on March 22, 1949 , and that death occurred at 7:40 P.M. , from the causes and on the date stated above.											
23a. SIGNATURE Joseph A. Scopelto M.D.				(Degree or title)		23b. ADDRESS 3718th Grand		23c. DATE SIGNED 3/24/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 26, 1949		24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery		24d. LOCATION (City, town, or county) St. Louis County, Mo.		(State) _____			
DATE REC'D BY LOCAL _____		REGISTRAR'S SIGNATURE J. B. Lester			25. FUNERAL DIRECTOR'S SIGNATURE Beiderwieden F. Home Inc. 1936 St. Louis Ave					ADDRESS _____	

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

Dr. Joseph A. Scopelite /V
3718 No. Grand

11-12 '1-2 6-7-30

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Max L. Waibel

Licensed Embalmer No. 4170

P. O. Address 1936 St. Louis Ave

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.