

FILED APR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10873

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2809

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mad</u>	
b. CITY (If outside corporate limits, write RURAL and give town or TOWN <u>St. Louis</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Alexian Bros. Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>5042 Louisiana</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) c. (Last) <u>Zepp</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3/25/49</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 15, 1886</u>
9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fireman</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fireman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Fire Dept.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Unknown Zepp</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Katherine</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or date of service) <u>Yes W.W. #1</u>		16. SOCIAL SECURITY NO. <u>--</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Katherine Zepp--5042 Louisiana</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia - Bilateral - Hypostatic</u> INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Myocarditis, Chronic - 920</u> <u>6 mos</u> DUE TO (c) <u>ENDOCARDITIS, chronic, mitral</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>EXFOLIATIVE DERMATITIS</u> <u>4 hrs</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>--</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>--</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>--</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>--</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <u>--</u>			
22. I hereby certify that I attended the deceased from <u>11/26</u> 19 <u>48</u> , to <u>3-25</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-25</u> , 19 <u>49</u> , and that death occurred at <u>7:29 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>R. Hackmeyer</u>		23b. ADDRESS <u>4703 A Virginia</u>	
23c. DATE SIGNED <u>3-28-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/29/49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>N. St. Marcus Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>3-29-49</u>		REGISTRAR'S SIGNATURE <u>J. B. Lassiter</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wacker-Welchle</u>		ADDRESS <u>3634 Gravois</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

p. 300
0-48

Handwritten mark

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 *Delis J. Krupin*

Licensed Embalmer No. *3497*

P. O. Address *3634 Gravois*

APR 10 1949

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.