

FILED MAY 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

17837

17833

State File No. ....

Registrar's No. ....

BIRTH NO. ....		REG. DIST. NO. ....		PRIMARY REG. DIST. NO. ....		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Mo.</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>St. Louis, Mo.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR <u>St. Louis</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Infirmary</u>				d. STREET ADDRESS (If rural, give location) <u>5224 So. Kingshighway Bl.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>EMMA</u>		b. (Middle) <u>e.</u>		c. (Last) <u>ZEPP.</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>June 17, 1863</u>	
9. AGE (In years last birthday) <u>85</u>		10. MONTHS <u>10</u>		11. DAYS <u>16</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>				12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>Jacob Zepp</u>				13b. MOTHER'S MAIDEN NAME <u>Margaret Wendell</u>			
14. NAME OF HUSBAND OR WIFE				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			
16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME <u>Agnes Z. Allen</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				19. ADDRESS <u>1340 Yale Ave. R.H. Mo.</u>			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lung Abscess &amp; Bronchitis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u>			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Bronchopneumonia</u>							
DUE TO (c) <u>Hypertensive &amp; Arteriosclerotic Vascular Disease</u>							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>491 X 521 X</u>		21g. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>May 1, 1949</u> to <u>May 3, 1949</u> , that I last saw the deceased alive on <u>May 3, 1949</u> , and that death occurred at <u>11:30 PM</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Masao Ohnishi M.D.</u>				23b. ADDRESS <u>5800 Arsenal</u>			
23c. DATE SIGNED <u>5/4/49</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 7, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old St. Marcus Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE RECEIVED BY LOCAL HEALTH DEPT. <u>MAY 5 1949</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Pasater</u>			
25. ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</u>							

(Licensed Embalmer's Statement on Reverse Side)

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

X Lung abscess from cancer

---

**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.

Signed \_\_\_\_\_

*Richard W. Stovesand*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4007

P. O. Address \_\_\_\_\_

**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.