

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. 35565

No. 300  
10-18

**FILED NOV 10 1950**

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3063</u>		Registrar's No. <u>2654</u>				
1. PLACE OF DEATH a. COUNTY <b>SAINT LOUIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b>				b. COUNTY <b>ST. LOUIS</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CLAYTON</b>			c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CLAYTON</b>			4463			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b># 29 ARUNDEL PLACE</b>				d. STREET ADDRESS (If rural, give location) <b># 29 ARUNDEL PLACE</b>						
3. NAME OF DECEASED (Type or Print)		a. (First) <b>BURGHART</b>		b. (Middle) <b>EDWARD</b>		c. (Last) <b>ZEISS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 2 1950</b>		
5. SEX <b>MALE 0</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED 11</b>		8. DATE OF BIRTH <b>Aug 16 - 1860</b>		9. AGE (In years last birthday) <b>90</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED * MENS FURNISHINGS</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <b>ROCK ISLAND, ILLINOIS /</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>ERNEST ZEISS</b>			13b. MOTHER'S MAIDEN NAME <b>CLARA OEMISCH</b>			14. NAME OF HUSBAND OR WIFE <b>*****</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Lydia D. Hodge, Clayton, Missouri.</b>					
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><b>Uremic Poisoning</b></u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u><b>Arteriosclerosis</b></u> DUE TO (c) <u><b>Hypertension</b></u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u><b>age</b></u>							INTERVAL BETWEEN ONSET AND DEATH <u><b>3 days</b></u>  <u><b>5 yrs</b></u>  <u><b>same</b></u>  <u><b>447x</b></u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?						
22. I hereby certify that I attended the deceased from <u><b>Sept. 1, 1950</b></u> , to <u><b>Nov. 2, 1950</b></u> , that I last saw the deceased alive on <u><b>11-1, 1950</b></u> , and that death occurred at <u><b>6 A. m.</b></u> , from the causes and on the date stated above.										
23a. SIGNATURE <u><b>Dr. Russell M. Du</b></u>				23b. ADDRESS <u><b>1259 N. Kingshighway</b></u>		23c. DATE SIGNED <u><b>11-2-50</b></u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11-4-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Chippewannock Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Rock Island Illinois</b>						
DATE REC'D BY LOCAL REG. <b>11-3-50</b>		REGISTRAR'S SIGNATURE <u><b>Herbert R. Domb</b></u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u><b>C.R. Lupton &amp; Sons 7233 Delmar Blvd</b></u>					

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

*RWR* (Licensed Embalmer's Statement on Reverse Side)

DEC 29 1933

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Arnold W. Schoene

Signed .....  
Student Embalmer

Licensed Embalmer No. 3864

P. O. Address St Louis Mo

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.