

FILED NOV 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39210

State File No. 9386
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 25th		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 40 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 2845a Arsenal
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital			3. NAME OF DECEASED a. (First) Charles b. (Middle) W. c. (Last) Zumwalt		
4. DATE OF DEATH (Month) (Day) (Year) Nov. 3, 1950		5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 14, 1878
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months 72	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) President of Board		10b. KIND OF BUSINESS OR INDUSTRY Mfctr. Bldg. Supply		11. BIRTHPLACE (State or foreign country) Nebo, Illinois	
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Newton Zumwalt	13b. MOTHER'S MAIDEN NAME Luella Collins	14. NAME OF HUSBAND OR WIFE Amelia Zumwalt
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. Amelia Zumwalt, 2845a Arsenal		
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) UREMIA ANTECEDENT CAUSES DUE TO (b) NEPHROSCLEROSIS SEVERE DUE TO (c) ARTEROSCLEROSIS GENERALIZED II. 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 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) (Minute)
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Ht. X			
22. I hereby certify that I attended the deceased from 2 NOV, 1950 , to 3 NOV, 1950 , that I last saw the deceased alive on 2 NOV, 1950 , and that death occurred at 1:50 P. M. , from the causes and on the date stated above.					
23a. SIGNATURE Robert J. Wanner		(Degree or title) M.D.	23b. ADDRESS 818 OLIVE ST ST. LOUIS		23c. DATE SIGNED 4 NOV 50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/6/50	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		
DATE REC'D BY LOCAL REG. NOV 6 1950		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE BEIDERWIEDEN FUNERAL HOME, 1936 St. Louis	

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

Dr. Robt. G. Warner

Paul Brown Bldg.

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.....

Helmut J. Krupin

Signed.....

Student Embalmer

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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.