

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18777  
1951  
5093

|   |  |   |  |   |  |   |  |
|---|--|---|--|---|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>318</u>   |  | PRIMARY REG. DIST. NO. <u>1003</u>  |  | Registrar's No. <u>5093</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY _____ |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>   |  | c. LENGTH OF STAY (In this place) <u>15 Yrs.</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>   |  | <u>2169</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u>  |  |   |  | d. STREET ADDRESS (If rural, give location) <u>3738a South Compton Ave.</u>   |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Adeline</u>  |  | b. (Middle) <u>A.</u>   |  | c. (Last) <u>Zickler</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>May 31, 1951</u>  |  |
| 5. SEX <u>Female</u>  |  | 6. COLOR OR RACE <u>White</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>   |  | 8. DATE OF BIRTH <u>May 23, 1917</u>  |  |
| 9. AGE (In years last birthday) <u>34</u>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>   |  | 11. BIRTHPLACE (State or foreign country) <u>Chestnut, Illinois</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>  |  | 13a. FATHER'S NAME <u>Fred J. Stoll</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Ida Wolken</u>   |  |
| 13a. FATHER'S NAME <u>Fred J. Stoll</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Ida Wolken</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>Henry Zickler</u>  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u> |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>   |  | 16. SOCIAL SECURITY NO. <u>-</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Henry Zickler, 3738a So. Compton Ave.</u>   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Glomerulonephritis</u><br>ANTECEDENT CAUSES<br><u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u><br>DUE TO (b) <u>Virus peritonitis</u><br>DUE TO (c) <u>↓</u> |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 wks.</u><br><u>3 wks.</u>  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>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) _____   |  |
| 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>576X</u>  |  |   |  |
| 22. I hereby certify that I attended the deceased from <u>May 11, 1951</u> , to <u>May 31, 1951</u> , that I last saw the deceased alive on <u>May 31, 1951</u> , and that death occurred at <u>5:40 p.m.</u> , from the causes and on the date stated above. |  |   |  |   |  |   |  |
| 23a. SIGNATURE <u>Bert H. Klein M.D.</u> (Degree or title)  |  |   |  | 23b. ADDRESS <u>7632 S. Kings highway</u>   |  | 23c. DATE SIGNED <u>6-1-51</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>June 4, 1951</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Lakewood Park Cemetery</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>  |  |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>J. B. Lussier</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.</u>   |  |   |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Arnold Klein  
2632 S. Kingshighway

M. T. Th. Fri. 1:00 - 4:00

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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.....  
Student Embalmer

Signed *Delis J. Krupin*.....

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.