

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

**40062**

State File No. ....

**FILED DEC 6 1951**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 3747

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution, residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood</u>	
c. LENGTH OF STAY (in this place) <u>5 da.</u>		d. STREET ADDRESS (If rural, give location) <u>2626 Bradell Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Louis County Hospital</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) <u>OTTO</u>			a. (First)		b. (Middle)		c. (Last) <u>Zesch</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Nov. 18 1951</u>		
<b>5. SEX</b> <u>male</u>		<b>6. COLOR OR RACE</b> <u>white</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed 2</u>		<b>8. DATE OF BIRTH</b> <u>3-11-1871</u>		<b>9. AGE</b> (in years last birthday) <u>80</u>		Months <u>8</u> Days <u>7</u> Hours <u> </u> Mins. <u> </u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Sheet Metal Worker</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>St. Louis, Mo.</u>			<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>		

<b>13a. FATHER'S NAME</b> <u>Julius Zesch</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Lena Zesch</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Earl C. Zesch, 1333 N. Berry Rd. Rock Hill, Mo.</u>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>CEREBRAL THROMBOSIS</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>5 DAYS</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSIVE CARDIOVASCULAR DISEASE</u>		
	DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>443X</u>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from 11-13-1951, to 11-18-1951, that I last saw the deceased alive on 11-18-1951, and that death occurred at 5:18 A.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>Wayne E. Roberts, M.D.</u>		<b>23b. ADDRESS</b> <u>601 S BRENTWOOD, CANTON 5 MO</u>		<b>23c. DATE SIGNED</b> <u>11/18/51</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>11-21-1951</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>New Picker Cemetery</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis Co., Mo.</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>JAY B. SMITH, 7450 Manchester Ave. Maplewood 17, Mo.</u>			
<b>DATE REC'D BY LOCAL REG.</b> <u>11-20-51</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Hubert R. Tombs, M.D.</u>			

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

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 *H. J. Burgess* .....

Licensed Embalmer No. *4029* .....

P. O. Address *Maplewood* .....

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.