

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

14149

State File No. ....

APR 16 1952

BIRTH NO. .... REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1009** Registrar's No. .... **1701**

1. PLACE OF DEATH a. COUNTY		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>ST. LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RICHMOND HEIGHTS 4005</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>JEWISH HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>17 HANLEY DOWNS /</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>RUSSELL</b> b. (Middle) <b>AXTELL</b> c. (Last) <b>CONZELMAN.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 22, 1952</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married /</b>	8. DATE OF BIRTH <b>July 26, 1892</b>
9. AGE (In years last birthday) <b>59</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Architect; self employed.</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Gustaf Conzelman</b>	
13b. MOTHER'S MAIDEN NAME <b>Anne Axtell</b>		14. NAME OF HUSBAND OR WIFE <b>Frances E. Conzelman</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.	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Frances E. Conzelman;</b>		ADDRESS <b>17 Hanley Downs.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Thrombosis</b> DUE TO (c) <b>arteriosclerotic Heart Disease</b> 2. 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>H200</b>		22. I hereby certify that I attended the deceased from <b>Oct 1951</b> , to <b>Feb 22, 1952</b> , that I last saw the deceased alive on <b>Feb 21, 1952</b> , and that death occurred at <b>5:50 A</b> m., from the causes and on the date stated above.	
23a. SIGNATURE <b>Melvin B. Kristien M.D.</b>		23b. ADDRESS <b>607 N. Grand St. Louis</b>	
23c. DATE SIGNED <b>2-23-52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Feb. 25, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C.R. LUPTON &amp; SONS</b>	
25. ADDRESS <b>7233 Delmar Blvd.,</b>		DATE REC'D BY LOCAL REG. <b>FEB 23 1952</b>	
REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		REGISTRAR'S ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

4116 - Louis - Enclosed  
41646  
Cran

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.