

1952 OCT 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
8272

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)	
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		a. STATE Missouri b. COUNTY St Louis	
c. LENGTH OF STAY (In this place) 3 days		c. CITY (If outside corporate limits, write RURAL and give township) Ferguson 419	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital		d. STREET ADDRESS (If rural, give location) 323 So Margurite	
3. NAME OF DECEASED a. (First) Charline b. (Middle) Louise c. (Last) Zoellner			4. DATE OF DEATH (Month) (Day) (Year) 8-31-1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-27-1928
9. AGE (In years last birthday) 24		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) St Louis
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Patrick F Hennessy	13b. MOTHER'S MAIDEN NAME Emma Kruse	14. NAME OF HUSBAND OR WIFE Joseph Thomas Zoeller
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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. 500-24-1395	17. INFORMANT'S SIGNATURE OR NAME Joseph Thomas Zoellner	ADDRESS Ferguson
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, lobar</u>		DUPLICATE		2 da
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE		3 da
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUPLICATE		7 mo

19a. DATE OF OPERATION 29 Aug 52	19b. MAJOR FINDINGS OF OPERATION appendixes, no abnormal findings	20. AUTOPSY? 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) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 490XE

22. I hereby certify that I attended the deceased from 7 June, 1952, to 31 Aug, 1952, that I last saw the deceased alive on 31 Aug, 1952 and that death occurred at 821a m., from the causes and on the date stated above.

23a. SIGNATURE Eugene W. Hall, MD	(Degree or title)	23b. ADDRESS 25th So Florissant Rd	23c. DATE SIGNED 1 Sept 52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-3-1952	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St Louis Mo

DATE REC'D BY LOCAL REG. SEP 2 1952	REGISTRAR'S SIGNATURE J. Carl Smith, MD	25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home	ADDRESS 118 N Florissant Ferguson Missouri
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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 R. M. White

Licensed Embalmer No. 3973

P. O. Address Ferguson, 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.