

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40906**  
Registrar's No. **10485**

No. 300  
10-48  
**FILED DEC 5 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10485**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		b. COUNTY <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>2 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>7445 Lynn Ave</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christian Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>University City Mo.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Wm.</b>	b. (Middle) <b>Albert</b>	c. (Last) <b>Zeissat</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 13, 1952</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 8, 1885</b>	9. AGE (In years last birthday) <b>67 yrs</b>	IF UNDER 1 YEAR Months	IF UNDER 10 HRS. Days	IF UNDER 10 HRS. Hours	IF UNDER 10 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Machinist</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Slug Rejector Co.</b>	11. BIRTHPLACE (State or foreign country) <b>Elton, Ill</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Phillip Zeissit</b>	13b. MOTHER'S MAIDEN NAME <b>Carolina Koester</b>	14. NAME OF HUSBAND OR WIFE <b>Alice Zeisset</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>193-01-8797</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Alice Zeisset</b>	ADDRESS <b>7445 Lynn Ave.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs +</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardio-Vascular renal disease</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
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"/>
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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)
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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>442X</b>
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22. I hereby certify that I attended the deceased from **Nov 11, 1952** to **Nov 13, 1952**, that I last saw the deceased alive on **Nov 12, 1952**, and that death occurred at **5:30 AM.**, from the causes and on the date stated above.

23a. SIGNATURE <b>OB [Signature]</b>	(Degree or title)	23b. ADDRESS <b>4222 N. Grand</b>	23c. DATE SIGNED <b>11-14-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Nov. 15, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bethany Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>
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DATE REC'D BY LOCAL REG. <b>NOV 14 1952</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. J. [Signature]</b>	ADDRESS <b>Sons 6175 Debrae</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr Oliver Joffat  
4222 N. Sand  
Ce 6825  
Ce 6820  
Friday at 11 AM

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Joseph E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

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.