

FILED OCT 9 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

34379

8658

| | | | | | | | | | |
|---|-------------------------------|--|--|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>318</u> | | PRIMARY REG. DIST. NO. <u>1003</u> | | Registrar's No. _____ | | | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE | | | | 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>18 Days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mehlville 850</u> | | d. STREET ADDRESS (If rural, give location) <u>Rt 11 Box 652</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lutheran Hosp.</u> | | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 2 1953</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> | | b. (Middle) <u>*****</u> | | c. (Last) <u>Zelch</u> | | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Feb. 7th 1878</u> | | 9. AGE (In years last birthday) <u>75</u> | 10. UNDER 1 YEAR (Months) <u>6</u> | 11. UNDER 10 YRS. (Days) <u>25</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>Retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Oakville, Mo. 0</u> | | | | | |
| 13a. FATHER'S NAME <u>Henry Zelch</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Scheuer</u> | | 14. NAME OF HUSBAND OR WIFE <u>Rose Zelch</u> | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Rose Zelch</u> | | ADDRESS <u>Rt 11 Box 652 Mehlville Mo.</u> | | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pelvic Abscess</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Chr. Interstitial Nephritis</u> DUE TO (c) <u>Hypertrophied prostate.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>??</u> | |
| 19a. DATE OF OPERATION <u>8/29/53</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Exploration with liberating of pus Brom abscess Drainage</u> | | | | | | 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) <u>610 X</u> | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | | |
| 22. I hereby certify that I attended the deceased from <u>July 23</u> , 19 <u>53</u> , to <u>Sept 1</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Sept 1</u> , 19 <u>53</u> , and that death occurred at <u>4:15 A.M.</u> from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>John Sturgeon M.D.</u> | | | | 23b. ADDRESS <u>3806 Gravois, St. Louis, 16, Mo</u> | | 23c. DATE SIGNED <u>9/4/53</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Sept 5th 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>New St Johns Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Mehlville, Mo.</u> | | | | |
| DATE REC'D BY LOCAL REG. <u>SEP 5 1953</u> | | REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Fey Funeral Home</u> | | ADDRESS <u>4100 Lemay Ferry Road.</u> | | |

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

Ronald O. Yehosh

Licensed Embalmer No. *3917*

P. O. Address *St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.