

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3469

FILED JAN 19 1954

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

State File No. Registrar's No. 10

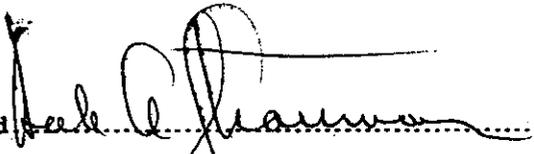
1. PLACE OF DEATH a. COUNTY <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>			
e. STREET ADDRESS (If rural, give location) <u>1141 Kentucky Ave. 2189</u>			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>HARRY</u>		(Month) (Day) (Year)	
b. (Middle) <u>J.</u>		<u>Jan. 1 1954</u>	
c. (Last) <u>ZOLL</u>			
5. SEX <u>0</u> <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>2 Sep. 1, 1875</u>
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Letter Carrier-U.S.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Postal Dep't.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cincinnati, Ohio</u>
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>George Zoll</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Late Tillie Zoll</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harold Zoll 1141 Kentucky Ave.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH <u>4/22</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arteriosclerosis</u>	
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 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>4221</u>			
22. I hereby certify that I attended the deceased from <u>Sept 19 1953</u> to <u>1/1 1954</u> , that I last saw the deceased alive on <u>12/28 1953</u> and that death occurred at <u>3:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Albert H. Hanson</u>		23b. ADDRESS <u>4221 N. B. Hwy</u>	
23c. DATE SIGNED <u>1/2/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Jan. 4, 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JAN 4 1954</u>		REGISTRAR'S SIGNATURE <u>J. C. Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u>		ADDRESS <u>4228 S. Kingshighway Bl.</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.....
Signature of Student Embalmer

Signed .....
Licensed Embalmer No. 45

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.