

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9795**

FILED APR 2 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **304** PRIMARY REG. DIST. NO. **6046** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>New Melle Callaway Twp</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>New. Melle</b>	
c. LENGTH OF STAY (in this place) <b>life</b>		0920	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>New Melle, Mo.</b>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) <b>Caroline</b> <b>Emilie</b> <b>Zollmann</b>			4. DATE OF DEATH <b>Feb. 25, 1954</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 30, 1870</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>25</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home Duties</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>New Melle, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Frank Schwede</b>		13b. MOTHER'S MAIDEN NAME <b>Florentine Lehcker</b>		14. NAME OF HUSBAND OR WIFE <b>Henry Zollmann</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>Henry Zollmann--New Melle, Mo.</b> ADDRESS	

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Degeneration</b>		<b>6 months</b>
	ANTECEDENT CAUSES		
	DUE TO (b) <b>Hypertension</b>		<b>5 years</b>
	DUE TO (c) <b>Arteriosclerosis</b>		<b>5 yrs.</b>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes</b>		<b>10 yrs.</b>

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) (Min)		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 **11-16, 1954** to **2-25, 1954**, that I last saw the deceased alive on **2/25, 1954**, and that death occurred at **8 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. E. Borgesen, D.O.</b> (Degree or title)		23b. ADDRESS		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 28, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Freedens Evangelical Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>New Melle, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>March 1954</b>		REGISTRAR'S SIGNATURE <b>Mark P. Hoff</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>T. E. Pitman Funeral Home</b> ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 11 1954

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.....

Tarlton J. Pitman

Student Embalmer No. 197

working under my personal supervision.

Student Tarlton J. Pitman  
Student Embalmer

Signed Janetta M. Pitman

Licensed Embalmer No. 3055

P. O. Address Montzville N.C.

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.