

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39521

No. 300  
10. 48

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 543 Registrar's No. 2542

1. PLACE OF DEATH  
a. COUNTY St. Louis Conty

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Mo. b. COUNTY St. Louis Count

b. CITY OR TOWN Jennings  
c. LENGTH OF STAY (In this place) 25 YEARS

c. CITY OR TOWN Jennings 413 B  
d. Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION 2618 M<sup>c</sup> LAREN

e. STREET ADDRESS (If rural, give location) 2618 M<sup>c</sup> LAREN

3. NAME OF DECEASED  
a. (First) Mary  
b. (Middle) Zeilman  
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year)  
Nov. 2 1954

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Nov. 18 1879

9. AGE (In years last birthday) 74  
IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work

10b. KIND OF BUSINESS OR INDUSTRY At-home

11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Casper Struckhof

13b. MOTHER'S MAIDEN NAME Katherine Hemen

14. NAME OF HUSBAND OR WIFE Harry Zeilman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Lawrence Zielman 2618 McLaren

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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Chronic Myocarditis  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Hypertension  
DUE TO (c) Chronic nephritis  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
2 yrs  
5 yrs  
5 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 592X

20. AUTOPSY? YES  NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 1/12, 1953, to 11/2, 1954, that I last saw the deceased alive on 11/1, 1954, and that death occurred at 7:55 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Eugene L. Arnold M.D.

23b. ADDRESS 98700 Partridge

23c. DATE SIGNED 11/2/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Nov. 5 1954

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis Mo.

DATE REC'D BY LOCAL REG. 11/3/54

REGISTRAR'S SIGNATURE Robert K. ...

FUNERAL DIRECTOR'S SIGNATURE ADDRESS Buchholz Mortuary 5967 W. Florissant

(Licensed Embalmer's Statement on Reverse Side)

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 *Valley J. Keller Jr*  
Licensed Embalmer No. *495*  
P. O. Address *St. Louis*

**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.**