

FILED FEB 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

3533

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 145

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Wellston		c. CITY OR TOWN Springfield	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (Up to this place) 13 yrs.		e. STREET ADDRESS (If rural, give location) Ursuline Convent	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincent's Hospital		8120 8	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Mother	b. (Middle) Angela	c. (Last) Zenzius	1-20-55		
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 1-27-1869	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nun		10b. KIND OF BUSINESS OR INDUSTRY Religious	11. BIRTHPLACE (City and State or Foreign Country) St. Paul, Minnesota /		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Conrad Zenzius	13b. MOTHER'S MAIDEN NAME Emilie Larpenteur	14. NAME OF HUSBAND OR WIFE -- None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mother Barbera (Superior) Ursuline Convent		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH years
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		DUPLICATE TO (b) Generalized Arteriosclerosis		"
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE TO (c) Chronic Brain Syndrome Assoc. c Senile		"
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Brain Disease; Osteoarthritis, Generalized, Bronchitis, Chronic; Goiter, Nodular, Non-toxic		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			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)
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 1-1-48, 19 , to 1-20-55, 19 , that I last saw the deceased alive on 1-20-55, 19 , and that death occurred at 7:20 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS S. R. BANET, M.D. 7301 St. Chas. Rock Rd., St. Louis 14, Mo.	23c. DATE SIGNED 1-20-55
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 1-20-55	24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Springfield, Illinois,		

DATE REC'D BY LOCAL REG 1/20/55	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.
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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..... *G. W. Wilkinson*

Licensed Embalmer No..... *35*

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.