

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

6641

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1323**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <i>St. Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>3525 Victor St. 1</i>		e. STREET ADDRESS (If rural, give location) <i>2179 3525 Victor St.</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Amanda</i>		b. (Middle)		c. (Last) <i>Zulauf</i>	
4. DATE OF DEATH (Month) (Day) (Year) <i>Feb. 10, 1955</i>		5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>		8. DATE OF BIRTH <i>June 26, 1862</i>		9. AGE (In years last birthday) Months Days Hours Min. <i>92 7 15</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <i>Jacksonville Ill. 1</i>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <i>Unknown</i>		13b. MOTHER'S MAIDEN NAME <i>Amanda Mueller</i>	
14. NAME OF HUSBAND OR WIFE <i>Peter Zulauf</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. William Althoff</i>		ADDRESS <i>4001 Magnolia Av.</i>		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.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>None</i>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Generalized Arteriosclerosis</i>		DUE TO (c) <i>Arterio</i>		<i>year</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Arteriosclerotic Heart Disease</i>				<i>year</i>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>331x</i>	
22. I hereby certify that I attended the deceased from <i>1/28</i> , 1955 to <i>1/10</i> , 1955, that I last saw the deceased alive on <i>2/7</i> , 1955, and that death occurred at <i>9:30 a.m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>J. J. Moskop, M.D.</i>		(Degree or title)		23b. ADDRESS <i>3554 VICTOR ST. ST. L. MO. 4</i>	
23c. DATE SIGNED <i>2/11/55</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Feb. 14, 1955</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Walnut Hill Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>Belleville Ill.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. Bull-Bauchell Mortuary</i>	
25. ADDRESS <i>765 Delmar</i>		DATE REC'D BY LOCAL REG. <i>FEB 14 1955</i>		REGISTRAR'S SIGNATURE <i>Carl Smith</i>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmers' Statement on Reverse Side)

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.....
Rev. E. C. Campbell

Licensed Embalmer No. 388

P. O. Address.....
H. Rain

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.