

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6912

FILED MAR 1 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 600 Registrar's No. 301

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crestwood, Webster Groves 7 1/2 Yrs.</u>		c. CITY OR TOWN <u>Crestwood, Webster Groves</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>914 Curwood Drive</u>		STREET ADDRESS (If rural, give location) <u>914 Curwood Drive</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>August</u> b. (Middle) _____ c. (Last) <u>Zoller</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>February 3, 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 24, 1876</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>9</u>	IF UNDER 24 HRS. Hours <u>4</u> Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shipping Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Acme Sales</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>Nat. USA</u>
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13a. FATHER'S NAME <u>Ludwig Zoller</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Zoller</u>	14. NAME OF HUSBAND OR WIFE <u>Ida Zoller</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>193-24-2552</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. A.C. Emerson</u>	ADDRESS <u>914 Curwood Dr. Crestwood</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>18. CAUSE OF DEATH</u>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA - GALL BLADDER</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 MONTHS</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>MYOCARDITIS</u>		<u>155X 3YRS</u>

19a. DATE OF OPERATION <u>12/30/54</u>	19b. MAJOR FINDINGS OF OPERATION <u>CARCINOMA GALLBLADDER, REGIONAL METASTASES TO LIVER, PANCREAS & ADJACENT LYMPH GLANDS</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 10/24, 1953, to 2/3/55, 1955, that I last saw the deceased alive on 2/2/55, 1955, and that death occurred at 12:15pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M.D. O</u>	23b. ADDRESS <u>337 West Lockwood W.G. 19, Mo.</u>	23c. DATE SIGNED <u>2/4/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>February 5, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2-4-55</u>	REGISTRAR'S SIGNATURE <u>Robert R. Donnell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A.C. Hoffmeister</u>	ADDRESS <u>Colonial Mortuary 6464 Chippewa Street St. Louis 9, Missouri</u>
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Licensed Embalmer's Statement on Reverse Side

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

Dr. S. W. Howard
337 W. Howard

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 *Harry J. Schumacher*
Licensed Embalmer No. *267*
P. O. Address *7817 Howard*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.