

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24618**  
Registrar's No. **6516**

FILED AUG 15 1955

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1009**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY					
b. CITY OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. LENGTH OF STAY (in this place) <b>6 hrs.</b>		e. STREET ADDRESS (If rural, give location) <b>5353 Queens Avenue 267 1/2</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>		3. NAME OF DECEASED a. (First) <b>MARGARET</b> b. (Middle) <b>M.</b> c. (Last) <b>ZELSMANN</b>		4. DATE OF DEATH <b>July 28, 1955</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>May 27, 1878</b>		9. AGE (In years last birthday) <b>77</b>		IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>			
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Adam Kulage</b>		13b. MOTHER'S MAIDEN NAME <b>Gertrude Stephensmeier</b>			
14. NAME OF HUSBAND OR WIFE <b>Henry F. Zelsmann</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>None</b>		16. SOCIAL SECURITY NO. <b>None</b>			
17. INFORMANT'S SIGNATURE OR NAME <b>Henry F. Zelsmann</b>		ADDRESS <b>5353 Queens Ave.</b>					
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) <b>arteriosclerotic Cardiovascular disease</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (b) dating the underlying cause last. <b>Heart Heat Prostration</b> DUE TO (b) <b>diabetes</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>59 hrs</b> <b>12 hrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE		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?			
22. I hereby certify that I attended the deceased from <b>Jan 19 55</b> to <b>27 July 1955</b> , that I last saw the deceased alive on <b>27 July 1955</b> , and that death occurred at <b>4:30 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>H. Boldt M.D.</b>		23b. ADDRESS <b>6000 W. Florissant Avenue</b>		23c. DATE SIGNED <b>7-28-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-30-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>			
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Stock Mortuaries, 2117 E. Grand Bl.</b> ADDRESS					
DATE REC'D BY LOCAL REG. <b>JUL 29 1955</b>		REGISTRAR'S SIGNATURE <b>Charles Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Stock Mortuaries, 2117 E. Grand Bl.</b> ADDRESS			

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

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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 *Etten R. O. Remmel*

Licensed Embalmer No. *4214*

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.