

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25338

FILED JUL 20 1956

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5977**

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

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY   |  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis, Mo.</b> )  |   | c. CITY OR TOWN <b>St. Louis</b>  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barnard Nursing Home</b>   |   | e. STREET ADDRESS (If rural, give location) <b>3633 Dover Pl.,</b> <span style="float: right;">20190</span>   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Eugenia</b><br>b. (Middle) <b>Zeppenfeld</b><br>c. (Last)   |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>June 23, 1956</b>   |  |
| 5. SEX <b>female</b>  | 6. COLOR OR RACE <b>white</b>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>   | 8. DATE OF BIRTH <b>August 26, 1865</b>  |
| 9. AGE (In years last birthday) <b>90</b>   |   | IF UNDER 1 YEAR Months _____ Days _____   | IF UNDER 1 MRS. Hours _____ Min. _____   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>   | 10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>   | 11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>  | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>  |
| 13a. FATHER'S NAME <b>Eugene Bellamy</b>  |   | 13b. MOTHER'S MAIDEN NAME <b>Virginia Nouss</b>   | 14. NAME OF HUSBAND OR WIFE <b>Robert Zeppenfeld</b>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>   |   | 16. SOCIAL SECURITY NO. <b>none</b>   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. E. W. Schuman 3633 Dover Pl.</b>                                     |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b><br><b>Cardiovascular sclerotic dis.</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>cardio vascular</b><br>DUE TO (c) <b>sclerotic disease</b><br>2. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |
| 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) m. <b>6-22-56</b>   | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <b>12-8-25 6-23-56</b>   |  |
| 22. I hereby certify that I attended the deceased from <b>12/1</b> , 19 <b>25</b> , to <b>6/23</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>6/22</b> , 19 <b>56</b> , and that death occurred at <b>1130a.</b> , from the causes and on the date stated above. |   |   |  |
| 23a. SIGNATURE <b>Chas. S. Vohs</b> (Degree or title) <b>MD.</b>  |   | 23b. ADDRESS <b>506 N. Grand</b><br><b>506 2nd Grand</b>  | 23c. DATE SIGNED <b>6-25-56</b>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>   | 24b. DATE <b>Jun. 25, 1956</b>  | 24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cem.</b>   | 24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>   |
| DATE REC'D BY LOCAL REG. <b>JUN 25 1956</b>   | REGISTRAR'S SIGNATURE <b>Paul Smith MD.</b>   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Southern Funeral Home 6322 S. Grand Blvd., St. Louis, Mo.</b>   |  |

11 AM.

Dr. White  
Met Bldg.  
508 N. Grand

**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: *Hadley R. Spella Jr.*

Licensed Embalmer No. *4950*

P. O. Address: *J. L. Lewis*

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.