

pt. Health,
, & Welfare
S. Public
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FILED JAN 17 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

47687
STATE FILE NUMBER
1003
Registration District No. 318 Primary Registration District No. 12245 Registrar's No.

S. 300
ev. 1-57

| | | | |
|--|----------------------------------|--|--|
| 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, give TOWNSHIP only) OR TOWN <u>St. Louis</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2631a Clara Ave.</u> | | Length of stay in lb | d. STREET ADDRESS (If outside, give location) <u>2631a Clara Ave.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) <u>Arthur M. Zumwalt</u> | | | 4. DATE OF DEATH Month <u>Dec.</u> Day <u>18,</u> Year <u>1957</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Dec. 14, 1900</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Speedometer Co.</u> | 11. BIRTHPLACE (City and state or country) <u>Mt. Olive Ill</u> |
| 13a. FATHER'S NAME <u>Jesse Louis</u> | | 13b. MOTHER'S MAIDEN NAME <u>Adah May Dace</u> | 14. NAME OF HUSBAND OR WIFE <u>Leota Zumwalt</u> |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>494-07-5663</u> | 17. INFORMANT Address <u>Leota Zumwalt 2631a Clara Ave</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hemorrhage from Lung</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <u>Carcinoma of Lung</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>163x</u> | | | INTERVAL BETWEEN ONSET AND DEATH |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY .Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____ | | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <u>11-12-57</u> to <u>12-16-57</u> and last saw her/him alive on <u>12-16-57</u> Death occurred at <u>10 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 21a. SIGNATURE <u>Milton H. Seifert M.P.</u> (Degree or title) | | 22b. ADDRESS <u>City Hosp # 1</u> | |
| 22c. DATE SIGNED <u>12-20-57</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State) |
| <u>Cremation</u> | <u>Dec. 21, 1957</u> | <u>Valhalla Crematory</u> | <u>St. Louis, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>HP. McCall & Sons</u> | | ADDRESS <u>1150 N. Kingshighway</u> | 25. DATE RECD. BY LOCAL REG. <u>DEC 20 57</u> |
| | | 26. REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u> | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Anthony J. Michel*

Licensed Embalmer No. *4299*

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, in case of his death.
If this body is not embalmed, fact should be so stated above.