

Health,
Welfare
Public
Service

FILED FEB 3 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4062 4062
STATE FILE NUMBER 212
Registrar's No. 202

Registration District No. 317 Primary Registration District No. 500

1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis Affton		c. CITY OR TOWN Affton 4830	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 9920 Wolf Avenue		d. STREET ADDRESS (If outside, give location) 9920 Wolf Avenue	

3. NAME OF DECEASED (Type or print) Henry NMN Zweifel Sr.			4. DATE OF DEATH Month 1-2 Day 21 Year 1958		
--	--	--	---	--	--

5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 13, 1890	9. AGE (In years last birthday) 67	10. FUNDER 1 YEAR Months _____ Days _____	11. IF UNDER 24 HRS. Hours _____ Min. _____
--------------------	------------------------------	---	--	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Upholstering	10b. KIND OF BUSINESS OR INDUSTRY H Zweifel Upholstering Co	11. BIRTHPLACE (City and state or country) Saint Louis, Mo	12. CITIZEN OF WHAT COUNTRY? USA
--	---	--	--

13a. FATHER'S NAME Jost Zweifel	13b. MOTHER'S MAIDEN NAME Kathryn Schilter	14. NAME OF HUSBAND OR WIFE Hattie Zweifel
---	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 493-07-4029A	17. INFORMANT Henry Zweifel	Address 6856 Bonnie Affton 23, Mo
---	--	---------------------------------------	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of lung		INTERVAL BETWEEN ONSET AND DEATH about 6 hrs
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) 163X
---	---

20c. TIME OF INJURY Hour _____ 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 10/2/57 to 1/21/58 and last saw ^{her} him alive on 11/07/58 Death occurred at 12:10 PM m on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE Tom F Bean	(Degree or title) D	22b. ADDRESS 3577 Central - 5 -	22c. DATE SIGNED 1/22/58
-------------------------------------	----------------------------	---	------------------------------------

23a. BURIAL, CREMATION, or other disposition Cremation	23b. DATE 1-24-1958	23c. NAME OF CEMETERY OR CREMATORY Valhalla Chapel of Memories	23d. LOCATION (City, town, or county) (State) St Louis County, Mo
--	-------------------------------	--	---

24. FUNERAL DIRECTOR Hoffmeister Colonial Mortuary 646 Chippewa Street, St. Louis, Mo	25. DATE RECD. BY LOCAL REG. 1-22-58	26. REGISTRAR'S SIGNATURE Herbert A. Romberg
---	--	--

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical Certification
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with reference to 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 *W. C. Harrison*

Licensed Embalmer No. *4764*

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.