

FILED MAY 12 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-016651

STATE FILE NUMBER

Registration District No. \_\_\_\_\_

318

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. \_\_\_\_\_

4459

300  
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before permission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Ferguson</b> <i>4/109</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Firmin Desloge</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>12 Royal Avenue</b>
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <b>Frederick</b> Middle <b>Levoid</b> Last <b>Zumwalt</b>			4. DATE OF DEATH Month <b>4</b> Day <b>22</b> Year <b>1958</b>		
--	--	--	---	--	--

5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 8, 1885</b>	9. AGE (In years last birthday) <b>72</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>Stock Clerk (Retired)</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Ford Motor Co.</b>	11. BIRTHPLACE (City and state or country) <b>Montgomery City, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
---	--	--	--

13a. FATHER'S NAME <b>Hiram Zumwalt</b>	13b. MOTHER'S MAIDEN NAME <b>Georgia Anna Wald</b>	14. NAME OF HUSBAND OR WIFE <b>Esther Zumwalt</b>
--	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <b>Yes World War # I</b>	16. SOCIAL SECURITY NO. <b>494-07-3116</b>	17. INFORMANT <b>Esther Zumwalt, # 12 Royal Ave., Ferguson, Mo.</b>
---	---	--

18. CAUSE OF DEATH (Enter only one cause for line 18a) (Use and <i>bowel obstruction</i> ) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Large Carcinoma of Pancreas with Metastases</b> <i>carcinoma of pancreas with metastases METASTASES AND LARGE BOWEL OBSTRUCTION</i>		INTERVAL BETWEEN ONSET AND DEATH? <b>5 mo.</b>
Conditions, if any, which gave rise to above cause (a), stating 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) <b>Bilateral Bronchopneumonia</b> <i>bilateral bronchopneumonia</i>		

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <b>157x</b>
---	---

20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____
---

20d. INJURY OCCURRED WHILE AT WORK <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 <b>St. Louis, Mo.</b>	COUNTY _____ STATE _____
--	--	---	--------------------------

21. I attended the deceased from <b>12-4-1957</b> , to <b>4-22-58</b> and last saw her/him alive on <b>4/22/58</b> Death occurred at <b>2:00 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.
---

22a. SIGNATURE <b>C. Rollins Hulston M.D.</b>	22b. ADDRESS <b>1325 S. Grand St. Louis, Mo.</b>	22c. DATE SIGNED <b>4/22/58</b>
--	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>4/25/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>
---	-----------------------------	---	--

24. FUNERAL DIRECTOR <b>CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., St. Louis, 15, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>APR 24 '58</b>	26. REGISTRAR'S SIGNATURE <b>Earl Smith M.D.</b>
---	---	---

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 John A. Mlenar  
Licensed Embalmer No. 4186  
P. O. Address St. Louis, Mo.

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.