

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031145  
STATE FILE NUMBER

FILED SEP 12 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8672

300  
1-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St Louis Mo</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>37 956 Hamilton ave</i>		Length of stay in lb <i>30 Days</i>	d. STREET ADDRESS (If outside, give location) <i>5216 Plover Ave.</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>August</i> Middle <i>Zeiss</i> Last <i>Zeiss</i>			4. DATE OF DEATH Month <i>9</i> Day <i>6</i> Year <i>58</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Jan 2 1884</i>	9. AGE (In years last birthday) <i>74</i>	IF UNDER 1 YEAR Months <i>7</i> Days <i>14</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Machinest</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (City and state or country) <i>St Louis Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>YES</i>
13a. FATHER'S NAME <i>August Zeiss</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Eberthart</i>		14. NAME OF HUSBAND OR WIFE <i>Deceased</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>491-18-9392</i>	17. INFORMANT Address <i>A Roy Zeiss 5216 Plover Ave</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of Colon</i>					INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					<i>153.8</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Arteriosclerosis - general.</i>					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.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. I attended the deceased from <i>1-10-58</i> to <i>9-6-58</i> and last saw <sup>her</sup> him alive on <i>9-6-58</i> Death occurred at <i>8:30 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Edward J Berger M.D.</i> (Degree or title)			22b. ADDRESS <i>857 N. Knopphighway</i>		22c. DATE SIGNED <i>9-8-58</i>
23a. BURIAL, CREMATION, REBURYAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, county) (State)	
<i>Burial</i>	<i>9/10/58</i>	<i>Calvary Cemetery</i>		<i>St Louis Mo</i>	
24. FUNERAL DIRECTOR'S NAME AND ADDRESS <i>JOHN STYGAR &amp; SON - 5541 RIVERVIEW BLVD.</i>			25. DATE RECD. BY LOCAL REG. <i>SEP 8 '58</i>	26. REGISTRAR'S SIGNATURE <i>K Carl Smith Mo</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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: *Blair P. Cadwell* .....  
Licensed Embalmer No. *4979* .....  
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.